EXHIBIT 42

Filed Under Seal

DEPARTMENT OF CORRECTION CITY OF NEW YORK

UOF PACKAGE

UOF D Numb r 223 / 3 Inc dent Facility GRVC

Incident

UOF ID Number:

2239/23

Primary Incident Type:

Use of Force

Primary Incident Status:

Actual

Primary UOF Type:

Control holds/takedown techniques

Reason For UOF:

Assault On Staff

Occurred Time:

May 3 2023 7:24AM

Reported Time:

May 3 2023 9:10AM

Reported By:

ADW

Reported To:

Facility Area:

Incident Facility:

GRVC

Anticipated UOF (Call In):

Description of Incident:

Intake Areas

No

AT 0910 HOURS, THE FACILITY REPORTED AT 0724

HOURS, IN THE INTAKE AREA (ESH), DURING COURT PRODUCTION, OFFICER APPLIED HANDCUFFS TO INMATE

AND HE ELBOWED STRIKING TO THE FACIAL AREA. **OFFICERS** AND UTILIZED UPPER BODY CONTROL HOLDS TO SECURE THE INMATE AGAINST THE WALL AND ESCORTED TO PEN # 11. OFFICER PUNCHED STRIKING THE INMATE TO THE BACK OF THE HEAD AREA AND HE RESISTED BY PULLING AWAY. OFFICER RE-AFFIRMED THIER UPPER BODY CONTROL HOLDS TO ESCORT AND SECURE THE INMATE IN PEN # 11. TERMINATING THE INCIDENT. STAFF AND INMATE INJURIES ARE PENDING. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE ASSAULT ON STAFF. VIDEO SURVEILLANCE: YES/CHEMICAL AGENT (OC) UTILIZED: NO. UPDATE: ON 05/10/23 THE FACILITY REPORTED THERE WERE NO STAFF AND INMATE INJURIES. THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

Ed ted Descrip ion of Incident:

AT 0910 HOURS, THE FACILITY REPORTED AT 0724 HOURS, IN THE INTAKE AREA (ESH). DURING COURT PRODUCTION, OFFICER

APPLIED HANDCUFFS TO INMATE

AND HE

ELBOWED STRIKING TO THE FACIAL AREA. AS RESULT, A USE OF FORCE OCCURRED WITH THE

BELOW LISTED STAFF. THIS USE OF FORCE INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE ASSAULT ON STAFF. VIDEO SURVEILLANCE: YES /CHEMICAL AGENT (OC) UTILIZED: NO. UPDATE: ON 05/10/23 BASED ON MEDICAL THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE

Restraints: No

Video Captured: Yes **Incident Source:** IRS

Status: Closed

Assigned Tour Commander Name:

Assigned Captain Name:

Assigned DDI Name:

Assigned ID Supervisor Name:

Assigned ID Investigator Name:

Created By:

Created Date:

Updated By:

Updated Date:

Preventative Action: **GAVE ORDERS**

Injury Class:

DOC Age Categorization:

Nunez Age Categorization:

Assigned Document Clerk Name:

Staff Participants:

Location Description:

Inmate Parti ipants:

St ff Witnesse

IRS Interface

May 3 2023 11:05AM

Jun 7 2023 2:00PM

C

Adult

Adult

INTAKE (ESH) AREA

Incident - Activity

UOF ID Number: 2239/23	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	May 06 2023
Notes:	Inv. On May 5,2023, this incident was recommended and approved for Immediate action for Officer Upon comme cing the suspension, HMD Sick Report (HMD#02202-0) alo g with confirmation by Officer who indi ted that Officer is out indefinitely sic wi no retu date at this time.
Created By:	
Created Date:	May 6 2023 12:28PM
Updated Date:	
Creator ID:	
Incident - Activity	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	May 16 2023
Notes:	Officer was suspended on May 9, 2023. A MOC will be recommended for Officer excessive and unnecessary use of force. it was also noted that the officer submitted a misleading report.
Created By:	
Created Date:	May 16 2023 1:00PM
Updated Date:	
Creator ID:	
Incident - Activity	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	May 28 2023
N tes:	Investigator was assigned this case on 5/26/2023
Cr ated By:	
Created D e:	May 28 2023 12:42PM
Updated Date:	
Creator ID:	

UOF ID Number: 2239/23	
Incident - Activity	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	May 28 2023
Notes:	Investigator obtained staff medical documentation 5/24/2023
Created By:	
Created Date:	May 28 2023 12:45PM
Updated Date:	
Creator ID:	
Incident - Activity	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	May 24 2023
Notes:	Investigator obtained the Court Production sheets from 5/3 /2023
Created By:	
Created Date:	May 28 2023 12:45PM
Updated Date:	
Creator ID:	
Incident - Activity	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	May 28 2023
Notes:	listened to securus phone calls.
Created By:	
Created Dat:	May 28 2023 1:49PM
Updated Date	
Cr ator ID:	
Inc dent - Act ity	
Access L el:	ID

Activity Type: Documentation Work

Activity Date: May 28 2023

Notes:

UOF ID Number: 2239/23	
	Sent 22R request for Officer
Created By:	
Created Date:	May 28 2023 2:56PM
Updated Date:	
Creator ID:	
Incident - Activity	
Access Level:	ID
Activity Type:	Documentation Work
Activity Date:	Jun 04 2023
Notes:	Investigator unable to upl ad medical doc memtation for
	staff. Able to locate in the H drive
Created By:	
Created Date:	Jun 4 2023 9:45AM
Updated Date:	
Creator ID:	
Incident - Video/Audio Captured	
Access Level:	ID
Media Type:	Video
Video/Audio Type:	Stationary
Video Link:	\\videohq\GENETECUPLOADS\Year 2023\ID\GHOSTED VIDEOS\GRVC UOF 2239.2023 AOS GHOSTED.g64x
Location:	GRVCESH Intake
Camera Angles:	
Video/Audio Start Date a d Time:	May 3 2023 7:18AM
Video/Audio End Date nd T me:	May 5 2023 7:57AM
Created By:	
Crea ed Date:	May 17 2023 6:53AM
U dated Date:	
Incid nt - In ident Event Log	
Access Level:	ID

Complete Preliminary Review - Assign to ID

Preliminary Review - Pending ID Supervisor Approval

Action:

To Status:

UOF ID Number: 2239/23	
Reason Not Approved:	
Created By:	
Created Date:	May 17 2023 6:54AM
Incident - Incident Event Log	
Access Level:	ID
Action:	Approve Preliminary Review - Assign to ID (send to DDI)
To Status:	Preliminary Review - Assign to ID DDI Approval
Reason Not Approved:	
Created By:	
Created Date:	May 24 2023 2:25PM
Incident - Incident Event Log	
Access Level:	ID
Action:	Approve Preliminary Review (initiate ID Investigation)
To Status:	ID Investigation - Pending Investigation
Reason Not Approved:	
Created By:	
Created Date:	May 26 2023 10:16AM
Incident - Incident Event Log	
Access Level:	ID
Action:	Complete ID Investigation - Send to Supervisor
To Status:	ID Investigation - Pending Supervisor Review & Approval
Reason Not Approved:	
Created By:	
Created Date:	Jun 4 2023 10:24AM
Incident - In ident Event Log	
Acces L vel:	ID
A tion:	Return - ID Investigation (to ID Investigator)
To Status:	ID Investigation - Pending Investigation
Reason N t Approved:	S e e revisions.

Jun 4 2023 12:32PM

Created By:
Created Date:

U()F	ID	Nur	nber:	2239	/23
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Incident - Incident Event Log

Access Level: ID

Action: Complete ID Investigation - Send to Supervisor

To Status: ID Investigation - Pending Supervisor Review & Approval

Reason Not Approved:

Created By:

Created Date: Jun 4 2023 3:24PM

Incident - Incident Event Log

Access Level: ID

Action: Approve ID Investigation (send to DDI)

To Status: ID Investigation - Pending DDI Appro al

Reason Not Approved:

Created By:

Created Date: Jun 4 2023 4:37PM

Incident - Incident Event Log

Access Level:

Action: Return - ID Investigation (to Supervisor)

To Status: ID Investigation - Pending Supervisor Review & Approval

Reason Not Approved: see notes

Created By:

Created Date: Jun 5 2023 9:30AM

Incident - Incident Eve t Log

Access Level: ID

Action: Return - ID Investigation (to ID Investigator)

To Status: ID Investigation - Pending Investigation

Rea on Not App ved See

notes.

Cr ated By:

Create **D** te: Jun 6 2023 6:19AM

Incident - Incident Event Log

Access Level:

Generated on: September 19 2023

UOF ID Number: 2239/23

Action: Complete ID Investigation - Send to Supervisor

To Status: ID Investigation - Pending Supervisor Review & Approval

Reason Not Approved:

Created By:

Created Date: Jun 6 2023 9:47AM

Incident - Incident Event Log

Access Level: ID

Action: Approve ID Investigation (send to DDI)

To Status: ID Investigation - Pending DDI Approv 1

Reason Not Approved:

Created By:

Created Date: Jun 6 2023 1:59PM

Incident - Incident Event Log

Access Level: ID

Action: Return - ID Investigation (to Supervisor)

To Status: ID Investigation - Pending Supervisor Review & Approval

Reason Not Approved: edit

Created By:

Created Date: Jun 7 2023 9:57AM

Incident - Incident Event Log

Access Level: ID

Action: Approve ID Investigation (send to DDI)

To Status: ID Investigation - Pending DDI Approval

Reason Not Approved

Created By:

Created Date Jun 7 2023 11:51AM

In ident - Incident Event Log

Ac ess Level:

Action: Return - ID Investigation (to Supervisor)

To Status: ID Investigation - Pending Supervisor Review & Approval

Reason Not Approved: minor

edit.

Generated on: September 19 2023

Case 1.11-CV-03043-L13	Document 055-0 Filed 12/15/25 Fage 11 0/101
UOF ID Number: 2239/23	
Created By:	
Created Date:	Jun 7 2023 11:58AM
Incident - Incident Event Log	
Access Level:	ID
Action:	Approve ID Investigation (send to DDI)
To Status:	ID Investigation - Pending DDI Approval
Reason Not Approved:	
Created By:	
Created Date:	Jun 7 2023 1:46PM
Incident - Incident Event Log	
Access Level:	ID
Action:	
Action.	Approve ID Investigation (send to Deputy Commissioner, Investigation and Trials)
To Status:	ID Investigation - Pending Deputy Commissioner, Investigation and Trials approval
Reason Not Approved:	
Created By:	
Created Date:	Jun 7 2023 1:59PM
Incident - Incident Event Log	<u> </u>
Action:	Approve ID Investigation (Deputy Commissioner, Investigation and Trials)
Reason Not Approved:	
Created By:	
Created Date:	
Incident - Witness	
Access Leve	ID
Person Type	Staff
Shield #:	
E ployee #:	
Assigned Fac lity:	GEORGE R. VIERNO CENTER
First Name:	CESTOD II TIBILIO CENTER

Generated on: September 19 2023 Page 9 of 34

Last Name:

Date of Birth:

UOF ID Number: 2239/23	
Date of Hire:	Apr 26 2012
Gender:	Male
Created By:	
Created Date:	May 30 2023 9:51AM
Updated Date:	
Title:	Correction Officer
Title Effective Date:	Apr 26 2012
Deleted in IRS:	No
Incident - Witness Access Level:	
	ID
Person Type: Shield #:	Staff
Employee #:	
Assigned Facility:	GEORGE R. VIERNO CENTER
First Name:	
Last Name:	
Date of Birth:	Jun 12 1990
Date of Hire:	Jun 27 2016
Gender:	Male
Created By:	
Created Date:	May 30 2023 9:51AM
Updated Date:	
Title:	Correction Officer
Title Effective Date:	Jun 27 2016
Deleted in IRS	No
Incident - Pa ticipant	
Acc s Level:	IRS Interface
P rson Type:	Staff
Shi ld#:	
Employee #:	
Book & Case #:	
NYSID:	
Last Name:	

UOF ID Number: 2239/23	
First Name:	
Assigned Facility:	TRANSPORTATION DIVISION
Title Effective Date:	Aug 06 2015
Date of Hire:	Aug 06 2015
Date of Birth:	
Date of Admission:	
Length of Stay:	
Age:	
Classification Score: Disassociation Reason:	
Created By:	IRS Interface
Created Date:	May 3 2023 11:05AM
Updated By:	IRS Interface
Updated Date:	May 10 2023 7:40PM
Visitor Number:	,
Title:	Correction Officer
Arrest No:	
Indictment Docket No:	
Referred to Hospital:	No
Admitted to Hospital:	No
Prescribed Medication:	No
Participant Role:	Victim
Arrest Charge:	
Arrest Date: Court Date:	
Arrest Disposition:	
Notice Served:	
Other Gende:	
Other Race	
Other Mental Observati n Facility:	
Middle Name:	
Inc dent - Par cipant	
Access Lev 1:	IRS Interface
Person Type:	Staff
Shield #:	
Employee #:	

UOF ID Number: 2239/23	
Book & Case #:	
NYSID: Last Name:	
First Name:	
Assigned Facility:	GEORGE R. VIERNO CENTER
Title Effective Date:	Sep 06 2012
Date of Hire:	Sep 06 2012
Date of Birth:	Jun 24 1975
Date of Admission:	
Length of Stay:	
Age: Classification Score:	
Disassociation Reason:	
Created By:	IRS Interface
Created Date:	May 3 2023 11:05AM
Updated By:	IRS Interface
Updated Date:	May 10 2023 7:40PM
Visitor Number:	
Title:	Correction Officer
Arrest No:	
Indictment Docket No:	
Referred to Hospital:	No
Admitted to Hospital:	No
Prescribed Medication:	No
Participant Role:	PARTICIPANT
Arrest Charge:	
Arrest Date:	
Court Date: Arrest Dispo ition:	
Notic S rved:	
O her Gender:	
O her Race:	
Oth r Mental Observation Facility: Middle Name:	
Incident - Participant	
Access Level:	IRS Interface

UOF ID Number: 2239/23	
Person Type:	Inmate
Shield #:	
Employee #:	
Book & Case #:	
NYSID:	
Last Name:	
First Name:	
Title Effective Date:	
Date of Hire:	
Date of Birth:	
Date of Admission: Length of Stay:	
Age:	
Gender:	Male
Race:	Black or African American
Classification Score:	7
Was Inmate in Restraints Prior to UOF?:	No
Disassociation Reason:	
Created By:	IRS Interface
Created Date:	May 3 2023 11:05AM
Updated By:	IRS Interface
Updated Date:	May 10 2023 7:40PM
Visitor Number:	
ICR:	No
Parole Violator:	No
Red ID:	No
Inmate Facil ty:	George R. Vierno Center
Arrest No:	
Indic m nt Do ket No:	
Adolescent:	No
Referred to H spital:	No
Admi d to Hospital:	No
Prescribed Medication:	No
Participant Role:	INSTIGATOR

Arrest Charge:

Arrest Date:

Court Date:

Arrest Disposition:

Notice Served:

Other Gender:

Other Race:

Other Mental Observation Facility:

Middle Name:

Incident - Incident Attachment

Attachment Type: Incident Inmate Photo Form

Attachment: File: Incident Photo #2239-23 df

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By:

Updated Date: May 4 2023 9:35AM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 1

Attachment: File: Injuy Report Page 1 #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By:

Updated Date: May 4 2023 9:36AM

Access Level: Facility

Incident - Inc dent Att chm nt

Attachment Type: Injury to Inmate Report - pg. 2

Attachment: File: Injuy Report Page 2 #2239-23.pdf

Cr ated By: IRS Interface

C eated Date: May 3 2023 11:05AM

Upd ted By:

Updated Date: May 4 2023 9:36AM

Access Level: Facility

Generated on: September 19 2023

Incident - Incident Attachment

Attachment Type: Inmate Voluntary Statement Form

Attachment: File: Statement #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By:

Updated Date: May 4 2023 9:36AM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (A tua Allegatio or

Witness)

Attachment: File: UOF-UOFW #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By:

Updated Date: May 5 2023 12:42PM

Access Level: Facility

Incident - Incident Attachment

Attachment Type: Tour Commander's handwritten UOF logbook entry (copy

of)

Attachment: File: Logbook Page #2239-23.pdf

Created By: IRS Interface

Created Date: May 3 2023 11:05AM

Updated By:

Updated Date May 4 2023 9:43AM

Access Leve Facility

Inc dent - Inciden A tachment

A achment T pe: Photos of Injured Staff

Att chment: File: S_Inv_4692926.jpg

Comments:

Created By: IRS Interface

Created Date: May 3 2023 12:30PM

Updated By: IRS Interface

Updated Date: May 10 2023 7:40PM

Photo Type: OTHER

Access Level: IRS Interface

Other Attachment Type: Document Description: Other Photo Type:

Incident - Incident Attachment

Attachment Type: Photos of Injured Inmates

Attachment: File: I_Inv_4692925.jpg

Comments:

Created By: IRS Interface

Created Date: May 3 2023 12:30PM

Updated By: IRS Interface

Updated Date: May 10 2023 7:40PM

Photo Type: OTHER

Access Level: IRS Interface

Other Attachment Type: Document Description: Other Photo Type:

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (Actual, Allegation or

Witness)

Attachment: File: 4465_001.pdf

Comments:

Created Dat: May 10 2023 3:21PM

Created Dat: May 10 2023 3:21PM

Updated Date

Created By:

Ac ess Level: Facility

Incident - Inc dent Attachment

Attachment Type: Other

Attachment: File: UOF 2239-23 RR .xlsx

Comments: Rapid

Review

Case 1:11-cv-05845-LT	S Document 653-8 Filed 12/13/23 Page 19 of
UOF ID Number: 2239/23	
Created By:	
Created Date:	May 16 2023 12:16PM
Updated Date:	
Access Level:	ID
Other Attachment Type:	Rapid Review
Document Description:	Rapid Review
Incident - Incident Attachment	
Attachment Type:	Other
Attachment:	File: GRVC 2239-23 Video Req st Form.doc
Comments:	Video Request
Created By:	
Created Date:	May 16 2023 12:16PM
Updated Date:	
Access Level:	ID
Other Attachment Type:	Video Request
Document Description:	Video Request
Incident - Incident Attachment	
Attachment Type:	Other
Attachment:	File: EMTC UOF 2239-2023 MOC .doc
Comments:	Officer MOC
Created By:	
Created Dat:	May 16 2023 12:56PM
Upd ted Date:	
A cess Level:	ID
Ot er Attachment Type:	Officer MOC

Officer MOC

Incident - Incident Attachment

Document Description:

Case 1.11-CV-03043-L13 L	200 ment 055-6 Filed 12/15/25 Fage 20 01 101
UOF ID Number: 2239/23	
Attachment Type:	Other
Attachment:	File: CO Suspension Paperwork U2239-2023. pdf
Comments:	Suspension
Created By:	
Created Date:	May 16 2023 12:57PM
Updated Date:	
Access Level:	ID
Other Attachment Type:	Suspension documents
Document Description:	Suspension
Incident - Incident Attachment	
Attachment Type:	Inmate Infraction History
Attachment:	File: PIC INFRACTION.pdf
Created By:	
Created Date:	May 30 2023 9:47AM
Updated Date:	
Access Level:	ID
Incident - Incident Attachment	
Attachment Type:	Infraction Investigation Report
Attachment:	File: ESH 6291-23.pdf
Created By:	
Created Date:	May 30 2023 9:47AM
Updated Date:	
Access Level:	ID
Incident - In ident Attac ment	
Attach nt Type:	Staff Medical Treatment Form
A achment:	File: m.e. u2239-23 .pdf
Cr ated By:	
Created D e:	Jun 6 2023 9:47AM

ID

Updated Date: Access Level:

UOF ID Number: 2239/23 Incident - Preliminary Review UOF #: 2239/23 Occured Date: May 03 2023 **Injury Class:** Inmate 18 or Younger: No Class A UOF: No Actual or Alleged Blows to Head: Yes Actual or Alleged Kicking: No Actual or Alleged Use of Instrument No of Force: Inmate Was in Restraints: No Prohibited Restraint Hold(s): No Video Surveillance Malfunction: No Presence of Unexplained Facts: No Direct Referral from Facility: No **Prior UOF Violation OATH Plea:** No **Evidence of Staff Collusion:** No Other Full ID Circumstances: No Video Captured: Yes Investigator's Justification UOF #: 2239/23 Determination: Facility: GRVC Synopsis On May 3, 2023, at approximately 0724 hours, within the confines of George R. Vierno Center (GRVC) ESH Intake; During Court production, Officer proceeded to secure Person in Custody (PIC) hands behind his back and applying mechanical restraint onto his wrist (10.16). PIC turned around and his elbow struck Officer to her head/facial area. Officer immediately extended her hand in a C shape and grabbed the PIC's neck. Simultaneously, Officer and intervened and grabbed and guided PIC away from Officer Officer followed behind and struck PIC in the rear of his head. Instantaneously, an officer quickly grabbed Officer escorted and secured the PIC inside a while Officer cell, thus terminating the incident.

Photographic Evidence

On May 3, 2023, Captain took one (1) profile photograph of PIC , marked as refusal. On May 3, 2023, Captain took one (1) profile photograph of Officer left facial area, marked as "other injury". Video evidence: Genetec video surveillance angles were review d for May 3, 2023, from 0720 to 0730 hours, n GRVC, In ke area. Video footage depicted the incident as arrated above. There was no handheld or Body-w rn foota e associated with this incident. **GRVC: ESH Intake** Angles: Staff/PIC injuries Injury report #1094/FY23 indicated that on May 03, 2023, at 0820 hours, PIC was afforded prompt medical at 0820 hours, PIC was afforded prompt medical attention. The individual refused medical evaluation and denied injuries. No visible injuries were noted. There were no reported staff injuries by COD or the facility. indicated on her report that she sustained injuries to her right arm, facial area, and eye. Accuracy of UOF classification: According to the Central Operation Desk (COD), No staff or PIC injuries were sustained or reported. Therefore, this cident is correctly classified as a "C" UOF as outlined in Directive 5006R-D. A brief summary of PIC statements. On May 3, 2023, PIC refused to refuse to provide a written or verbal statement to the facility or medical staff. The Investigation Division determined that an interview with the individual was unnecessary due to the consistency of staff reports and the incident being captured entirely on video evidence. Staff reports Staff reports were generally consistent with what was

observed in the video footage.

On the contrary, Officer submitted Use of Force Report was inconsistent with her actions, as viewed on the Genetec video. The officer noted that she utilized an openhand push to the PIC's upper body area. At which time, her hand inadvertently slipped into the individual's neck area.

also indicated that, while staff attempted to Officer secure the individual, her left hand was entangling with the officer. In addition, fearing her safety from being attacked again, she utilized her right hand by swinging it in the direction of the PIC to create distance from the PIC.

*ID determined that Officer submitted a report which was false and inaccurate; Genetec footage corroborated the officer's action of grabbing PIC neck/throat area and deliberately striking individua to his head. In addition, it was observed ia foo ge that attempted to escort and secur the indivi ual Officer away from Officer . Office ontinued to advance toward the PIC, which caused Officer to intervene; si ultaneously by pulling and guiding Officer aw y from PIC

Facility Rapid Review:

The Rapid Review conducted by Acting Warden noted that the incident was unavoidable. However, Officer failed to remain professional during the incident. It was further noted that the officer had her hand briefly around the PIC's neck.

Conclusion:

No

Based on the evidence cited above, this incident will be referred for further investigation (blow to the head).

On May 9, 2023, Officer was suspended from duty.

Staff Reassignment During

Injury Properly Clas ified:

Investigation:

DOI Referral for Staff: No

DOI Referral for Inmate: No

Yes **Review End Date:**

May 17 2023 Workflow Ac ion:

Approve Preliminary Review (initiate ID Investigation) Created Dat: Updated By:

Updated Date: May 26 2023 10:16AM

Inci ent - Inv stigation

UOF ID Number: 2239/23

Incident Occurred Time: May 3 2023 7:24AM

Incident Reported Time: May 3 2023 9:10AM

0400 2.22 0. 000 10 2.0 20	
UOF ID Number: 2239/23	
Incident Facility:	GRVC
SOL:	Nov 03 2024
Assigned Tour Commander Name:	
ID Investigator Name:	
ID Supervisor Name:	
Investigation Start Date:	May 26 2023
Investigation End Date:	Jun 07 2023
Investigation Status:	Closed
Investigation on Hold:	No
Hold Start Date:	
Investigation Duration in days:	12
Days Remaining To Complete Investigation:	168
Investigation Restart Date:	
Probe Team:	No
Photographs of Location:	No
Photographs of Staff:	Yes
Video Documentation:	Yes
Video Type:	
	• Stationary
Video Reviewed:	Yes
Video Consistent:	Yes
Video Malfunction:	No
Final UOF Injury Class:	C
Injury Reports Compile:	Yes
Workflow Ac ion:	Approve ID Investigation (Deputy Commissioner, Investigation and Trials)
Created By:	
Cr ated Date:	May 26 2023 10:17AM
Updated By:	
Upd ted Dat	Jun 7 2023 4:22PM
Other Video Unavailable:	No

Incident - Investigation - Investigation Finding

Investigation Findings

UOF ID Number: 2239/23	
Precipitating Incident:	Assault On Staff
Participant:	
Video	
1. Was the UOF/alleged UOF incident captured on Genetec video?:	Yes
2. Was the video footage preserved?:	Yes
3. Was the UOF/alleged UOF incident captured on handheld video?:	No
If No:	No handheld video was utilized for the incide t.
4. Was the video footage preserved?:	N/A
5. Were there any issues regarding the handheld video/camera operator?:	N/A
6. Was there any other relevant video footage (escort, leading up to the UOF, etc.)?:	No
7. Was the video footage preserved?:	N/A
Summary of Video Evidence:	Genetec Video Review
	Genetec Video Angles: revealed the following:
	On May 3, 2023, at approximately 0720 hours in GRVC building 1 ESH Intake Officer prepared PICs to get ready for court. PIC walked out of the cell (at 0724 hours). PIC conversed with Officer as PIC began to walk back, and Officer proceeded to follow. PIC and Officer stopped walking and PIC raised his left hand as he and Officer continued to converse. Officer moved her head towards Officer (at 0724 hours), who then came over and conducted a pat frisk of PIC

As the pat frisk concluded Officer behind PIC and placed mechanical restrain

against his neck/throat area and held her hand there until intervened and pulled Officers

wrist. While Officer

apply the waist chain set up, PIC

elbowed Officer

Officer back as Officer

as Officers

and

pushed PIC

and placed mechanical restraints on

in the facial area. In return, Officer

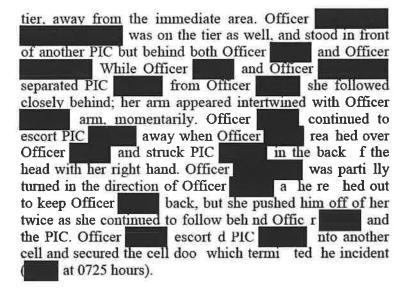
against the wall with her hand

was right behind him. Officer was diagonal from the incident

were further down the

was beginning to

spun around and



Inmate Statements

1. Did the participant inmate(s) provide a statement(s) to the facility?:

2. Did the witness inmate(s) provide a statement(s) to the facility?:

3. Did the ID interview all participant inmate(s)?:

If No:

4. Did the ID interview all witness inmate(s)?:

If No:

not be conducted.

No

No

No

No

On May 20, 2023, PIC

At the request of ID, the Facility produced their Court Production sheet for the date of incident. ID used this information to assist with identifying potential PIC witnesses; however, based on Genetec, those listed PICs were not observed in the area, specifically, on the tier, at the time of incident. It should be noted that the interaction between Officer and PIC is captured on video surveillance.

Custody ("Deliver to Officer"); therefore an interview could

was released from DOC

5. Was ther any eviden e of collusion among inma e statement ?:

6. Did the par icipant inmate(s) make an relevant statement(s) to medical st ff?:

7. Did the par icipant inmate(s) make any lev nt statement(s) during telephone calls?:

8. Did the witness inmate(s) make any relevant statement(s) during telephone calls?:

No

No

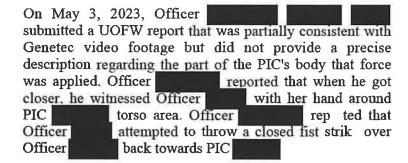
No

N/A

UOF ID Number: 2239/23	
9. Did the participant inmate(s) make any relevant statement(s) during the adj. hearing?:	N/A
10. Did the witness inmate(s) make any relevant statement(s) during the adj. hearing?:	N/A
11. Were any participant/witness inmate statement(s) obtained from any other source?:	No
Summary of Inmate Statements:	Statement to the Facility: On May 3, 2023, PIC refused to provide a statement to the facility.
	Statement to medical: On May 3, 2023, per the notatio s of the inj ry report, PIC did not make any pertinent tatements to medical.
	Securus phone call: On May 4, 2023, PIC made a 311-phone call, however, he disconnected the call prior to speaking with a representative.
	Adjudication Hearing: ID obtained the Infraction disposition which revealed that on May 11, 2023, an Adjudication Hearing was conducted regarding PIC conduct during this incident, and according to the Infraction Disposition, PIC stated to Captain "it doesn't matter what I say."
DOC Employee Statements	
1. Did all required DOC empl yee(s) submit UOF/UOF-W/UOF-Alleg tion Report(s)?:	Yes
2. Were the required r ports submitted in a timely in?:	Yes
3. Did any DOC employ e submit an Incident Report Form for the incident? :	No
4. Did any DOC emplo ee submit a Report and Notice of nfraction for the incident?:	Yes
5 Did a su ervisor complete the Re ort and Notice of Infraction Inve tigation :	Yes
6. Was a disciplinary hearing held for the infraction?:	Yes
If No:	Upon checking Adjudication Audio Files an Adjudication Hearing was not uploaded yet.

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UOF ID Number: 2239/23	
7. Was a Hearing Report and Notice of Disciplinary Disposition form completed?:	Yes
8. Was there any evidence of collusion among DOC employee(s) reports? :	No
9. Were all involved DOC employee(s) made the subject of an MEO-16 interview(s)?:	N/A
If No or N/A:	Involved/witness DOC employees wer ot made he subject of an MEO-16 interview as their s atemen would not alter this investigation.
10. Were all witness DOC employee(s) made the subject of an MEO-16 interview(s)?:	N/A
If No or N/A:	See above.
11. Were MEO-16 interview statement (s) somewhat consistent with submitted report(s)?:	N/A
12. Did any other individual(s) (visitors, teachers, etc.) submit a report?:	No
13. Were any other individual(s) (visitors, teachers, etc) interviewed?:	No
Summary of DOC Employee Statements:	On May 3, 2023, Officer submitted a UOF report that was not consistent with Genetec video footage. Officer reported she used an open hand push to PIC upper body that inadvertently slipped, and it made contact with the neck area due to their difference in height. Officer also reported that her left arm was entangled with MOS when she swung her right arm to create distance for fear of being attacked by the PIC.
	On May 3, 2023, Officer submitted a UOF report, in which Officer reported that Officer pushed PIC against the wall in his upper torso. Officer reported that Officer reached over him and struck the PIC in the facial area.
	On May 3, 2023, Officer submitted a UOFW report, in which Officer provided a vague account of the events, in which he reported that he observed Officer pushing PIC up against the wall. Officer did not report that Officer had her hand on PIC neck. Officer reported that Officer attempted to grab PIC by reaching over him; Officer did not report that Officer struck

the PIC.



On May 3, 2023, Officer

UOFW report that was generally video, and his location/line o ight at the time of the events. Officer reported that he eard a commotion coming from down the tier and he witnessed PIC being secured in the cell by DOC staff.

on May 3, 2023, Officer submitted a UOFW report that was generally consistent with Genetec video footage, and his location/line of sight at the time of the events. Officer reported that he was conducting a three-point search when he heard commotion. Officer stopped the three-point search when he observed PIC being secured to the wall.

On May 3, 2023, Officer submitted a UOFW report that was generally consistent with Genetec video footage and his location/line of sight at the time of the events. Officer reported that he was scorting a PIC to SEG intake when he heard commotion. Officer reported that when he saw Officer use an open-handed push towards PIC upper body.

On May 3, 2023, Officer submitted a UOFW report that was generally consistent with Genetec video footage and his location/line of sight at the time of the events. Officer reported that he witnessed Officer push PIC towards the upper body and was guided into a cell by Officer

M dical - Inm te(s)

1. Were all participant inmate(s) afford d dical attention?:

Yes

2. If received, did the participant inmate(s) receive prompt medical attention?:

Yes

3. Did the participant inmate(s)

No

UOF ID Number: 2239/23	
receive medical attention outside of the facility(Urgent Care, hospital, etc.)?:	
4. Was the injury to inmate report(s) obtained for the participant inmate (s)?:	Yes
5. Were medical records obtained for the participant inmate(s) (HHC, hospital, etc.)?:	No
If No:	On May 20, 2023, PIC was rele sed fr m DO custody therefore, HIPAA forms could not be sign d.
6. Did the participant inmate(s) sign medical release (HIPAA) forms?:	No
If No:	See above.
7. Were any other inmate(s) afforded medical attention (chemical agent exposure, etc.)?:	No
8. If received, did the other inmate(s) receive prompt medical attention?:	N/A
9. Was the injury to inmate report(s) obtained for the other inmate(s)?: Medical - Staff	N/A
1. Were any DOC employee(s) afforded medical attention following the incident?:	Yes
2. If received, did the DOC employee (s) receive prompt medical attention?	Yes
3. Did the DOC employee(s) rec iv medical attention outside of th facility? (Urgent Care, hospital, tc.):	No
4. Was the staff me ical atm nt form(s) obtained for DOC employee (s)?:	Yes
5. Were me ical record obtained for the DOC em loyee(s) (ho pital, etc.)?:	No
6. Did the DOC employee(s) sign medical release (HIPAA) forms?:	No
If No:	DOC staff were not asked to sign consent (HIPAA) forms.
Summary o Inmate and DOC employe injuries (Include time of	PIC Injuries:
medical treatment):	According to Injury Report (FY 23/1094) on May 3, 2023, at approximately 0820 hours PIC was seen by medical staff and afforded prompt medical attention (one hour). PIC refused medical attention and had no

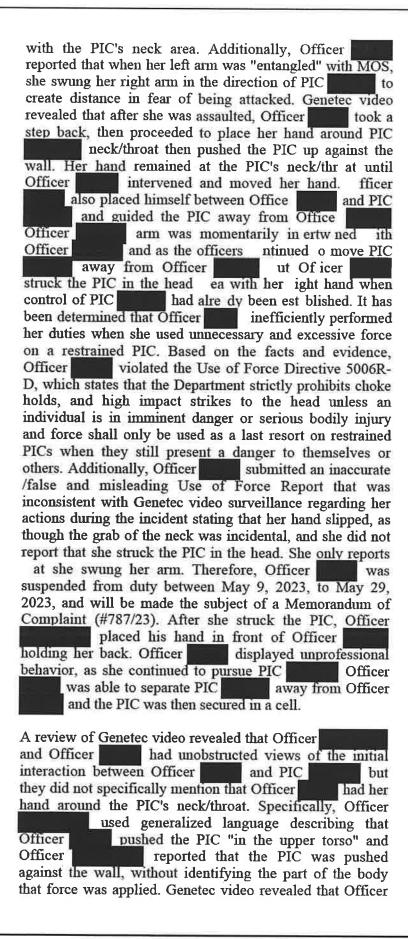
Case 1:11-cv-05845-L15	Document 653-8 Filed 12/13/23 Page 31 01 101
UOF ID Number: 2239/23	
	visible injuries.
	Staff Injuries:
	50 000
	According to COD there were no staff injuries reported however, Officer claimed injuries on her UOF Report to her right arm, facial area, and eye.
	On May 3, 2023, according to the CHS Medical Tre tment Form, Officer seen by edical staff at GRVC at approximately 0859 hours where she c plained of pain to the right side of the face, right wrist and r ght shoulder pain. Officer was gi n an ic pack and she advised medical staff that she ould d ve her elf to Urgicare.
	A Facility Referral has been gener ted as the facility failed to report these staff injuries.
Photographs	
1. Did the facility take photographs of the participant inmate(s)?:	Yes
2. Were there any issues regarding the participant inmate(s) photographs taken by the facility?:	No
3. Did the facility take photographs of DOC employee(s)?:	Yes
4. Did the facility take photographs of the area of incident/alleged incident?:	No
5. Did the ID take photographs of the participant inmate(s)?:	No
If No:	On May 20, 2023, PIC was released from DOC custody therefore, photographs could not be taken.
6. Did the ID take photographs of DOC employee(s)?:	No
7. Did the ID tak photog aphs of the area of incident/alleged incid nt?:	No
If No:	Genetec video surveillance was sufficient for this investigation.
Other Evidence	
1. Were any o her relevant document (s) obtained that were not obtained duri g the Prelim?:	No
If Yes:	At the request of ID, the Facility produced a Court Production page to assist with identifying potential PIC witnesses; however, based on Genetec those PICs were not

Generated on: September 19 2023

in the area, specifically, on the tier, at the time of incident.
Additionally, Officer Medical documentation was

UOF ID Number: 2239/23	
	obtained to confirm the injuries sustained that she claimed on her Use of Force Report.
2. Was an OCME consult obtained?:	No
3. Were the participant/witness inmate (s) telephone recordings obtained and reviewed?:	Yes
If Yes:	A review of PIC Securus phone calls etween May 3, 2023, and May 4, 2023, revealed that PIC made one (1) phone call, but there was no stament made that was relevant to the investigation.
4. Were the participant inmate(s) adjudication hearing(s) listened to?:	No
5. Were any other investigative actions taken?:	No
If Yes:	Investigator listened to PIC SECURUS phone calls.
Issue(s)	
1. Why was this incident made into a full ID investigation?:	Actual blows to the head.
2. Were there any other FULL ID criteria revealed during the investigation that were not mentioned during the Preliminary Review Process?:	No
3. Are there any issue(s) that are Undisputed between the participa t inmate(s) and DOC employee(s)?:	No
4. Are there any issue(s) th t are Disputed between the participant inmate(s) and DOC employee()?:	No
5. Did the participant inmate(s) make any other allegatio s (no UOF) against any DOC employ e?:	No
6. Did any witness mat (s) make any other allegations (not UOF) against any OC employ e?:	No
7. W th UOF allegation substantiated?:	N/A
8. Was the inc dent avoidable?:	No
If Y or No:	The incident that occurred inside the SEG Intake area when PIC (who was rear cuffed at the time) elbowed Officer in the facial area while Officer was applying the waist chain set up. After PIC elbowed Officer pushed the PIC against the wall with her hand around the PIC's neck/throat. Officer

	used force that was unnecessary, excessive and unproportional to the threat PIC posed as the PIC was in restraints. Once Officers and separated PIC away from Officer to escort him to another cell, Officer struck the PIC to the back of the head, which was also unnecessary and excessive as PIC did not pose an imminent threat of serious bodily injury or death to her, or any of the o er staff present.
9. Was the UOF necessary?:	No
If Yes or No:	See above.
10. Was the force used proportional to the threat posed?:	No
If Yes or No:	See above.
11. Was the UOF excessive?:	Yes
If Yes or No:	See above.
12. Was the UOF anticipated? :	N/A
If Yes or No:	See above.
13. Were there any findings not consistent with the preliminary investigation?:	No
14. Was the UOF/UOF Allegation reported to the COD within 1 hour?:	Yes
15. If not, is there a plausible explanation?:	No
16. Was any chemical agent disp nsed during the incident?:	No
17. If so, were there a y iss s regarding the dispensing (too close, retaliatory, etc.)?:	N/A
18. Were there any oth r procedural violation(s)?:	No
Analysis of Evidence:	Based on the review of evidence, which included staff reports, medical documentation, Genetec video, IIS, Securus phone call audio, and a PIC statement documented during his Adjudication Hearing, on May 3, 2023, at approximately 0725 hours in GRVC Building 1 ESH Intake during court production, PIC was escorted out of a holding cell and a pat frisk of him was conducted by Officer approached and secured PIC in mechanical restraints behind his back. PIC turned his upper body and elbowed Officer to the facial area. A review of Officer report revealed that she states that she used an open hand push to PIC upper body, which in advertently slipped and made contact



was not looking at the PIC when Officer in the head. Officer struck PIC attempted to grab the PIC by reaching that Officer over him, which is plausible based on his position and line of sight at the time. Officer and Officer did not provide a precise description because they did not specify the PIC's body where force was used. Therefore, it has been determined that Officers and will be the subject of corrective action. Officer reported that Officer p ced her hand around PIC torso with one hand, and he reported that Officer attempte to strik the PIC over Officer back. Genetec ideo r vealed that Officer individual line o sight may h ve been partially obstructed as he stood by the wall, diagonally from the immediate area, and behind Off er and Officer Officer ability t grab PIC the torso with one hand would be challenging, if not impossible. The use of generalized language, such as "torso", did not provide a precise description of the part of the PIC's body where force was used. Therefore, it has been determined that Officer will be subject of corrective action. Lastly, Genetec video revealed that Officers and reports were generally consistent with video surveillance based on their positions and individual lines of sight during the incident. Therefore, no corrective actions are necessary. Officer sustained an injury during this incident that was not reported to the Central Operations Desk, in violation of Directive 5006 R-D. A facility referral will be forwarded to the facility to address this deficiency with the Tour Commander. The investigation concluded that Officer inefficiently performed her duties in which she used unnecessary and excessive force on a restrained PIC and did not submit an accurate UOF Report. Therefore, Officer will be made the subject of a Memorandum of Complaint (MOC #787/23) and was suspended from duty between May 9, 2023, to May 29, 2023. Officers will be made the subject and of Documented Counseling, Lastly, a Facility Referral has been generated as the facility failed to report staff injuries to the Central Operation Desk. Closed with Charges - Facility Referral

Conclusion and Recomm ndations:

Investigation Findings:

Status:

Completed

UOF ID Number: 2239/23

Created By:

Created Date:

Updated By:

Updated Date:

Deputy Warden Remarks:

Summary of Staff Reports:

Warden Remarks:

Summary of Staff Injuries:

Tour Commander Remarks:

Inmate Medical Findings:

May 28 2023 1:54PM

Jun 7 2023 1:46PM

Generated on: September 19 2023

Case 1:11-cvNew 54 ork City Department of Correction 27 of 101

Central Operations Desk

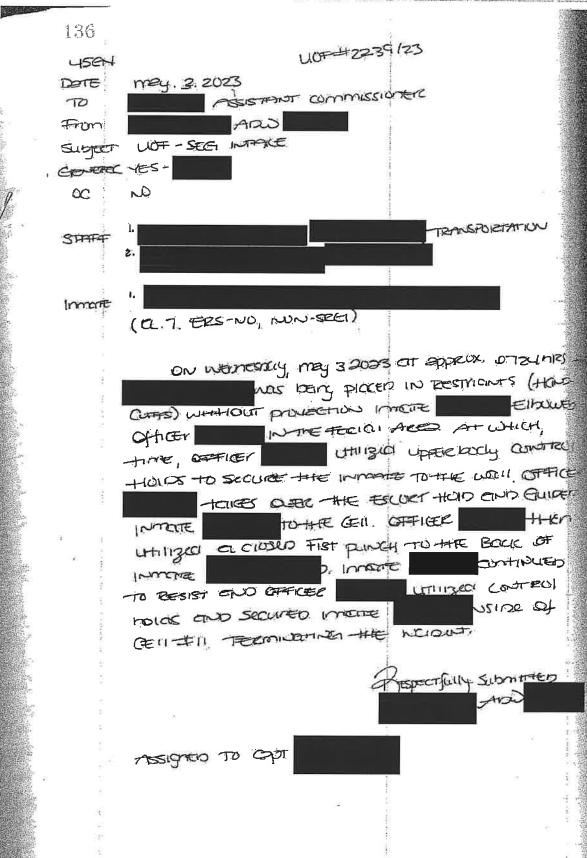
B Form (Revised May 10, 2007)

REPORTING FACILITY	REPORTING DATE	REPORTING TIME	
GRVC	05/03/23	09:10	
PERSON REPORTING INCIDENT	INCIDENT DATE	INCIDENT TIME	
ADW	05/03/23	07:24	
PERSON REPORTED TO	INCIDENT TYPE	INCIDENT STATUS	
PS	Use of Force	Actual	

V				
DESCRIPTION OF E	VENT			
AT 0910 HOURS, TH	HE FACILITY REPORTED	AT 0724 HOUR	RS, IN THE INTAKE AREA (ES	H) DUP NG COURT
PRODUCTION, OFF	ICER	APPLIED	HANDCUFFS TO INMATE	H), DOKING COOKT
) AND HE ELBOY	VED STRIKING	TO THE FACIAL AREA. OFFIC	14K91
AND UTILIZ	ZED UPPER BODY CON	TROL HOLDS T	O SECURE THE INMATE AGA	INST THE WALL AND
ESCORTED TO PEN	# 11. OFFICER	PUNCHED ST	RIKING THE INMATE TO THE	BACK OF THE HEAD AREA
AND HE RESISTED	BY PULLING AWAY. OF	FICER	RE-AFFIRMED THIER UP E	R BO Y CO TROI HOLDS TO
ESCORT AND SECU	JRE THE INMATE IN PEI	N # 11. TERMIN	ATING THE INCIDENT AFF	AND I MAT INJURIES ARE
PENDING. THIS INC	IDENT IS CLASSIFIED A	IS A "P" USE O	F FORCE ASSAULT IN SIAF	F. VIDEO LIRVEILLANCE
YES/CHEMICAL AG	ENT (OC) UTILIZED: NO	. UPDATE: ON	05/10/23 THE FACILITY REP	RTED THERE WERE NO
STAFF AND INMATE	E INJURIES. THIS INCID	ENT IS RECLAS	SIFIED AS A "C" USE OF FO	R E.
INMATE NAME	CASE NUMBER	MVCID	IN ILIMY TAKE	

INMATE NAME	CASE NUMBER	NYSID	INJURY TYPE	CURRENT FACILITY George R. Vierno Center
STAFF NAME	TITLE CORRECTION OFFICER	SHIELD/ID	INJURY TYPE	
	CORRECTION OFFICER			

COD NUMBER ASSIGNED	
USE OF FORCE NUMBER ASSIGNED 2239/23	PHONE.
CATEGORY OF INCIDENT CLASS	*
C	





CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Vierno Center



Incident Photo

Type of Incident: UOF ☑ COD ☐ Other ☐	Date & Time of Incident: 05/03/2023 07:24
UOF #: 2239/23 - P Incident Status: Actual	NYSID #:
First Name:	Book & Case #:
Last Name:	Inmate ☑ Staff □ Other □

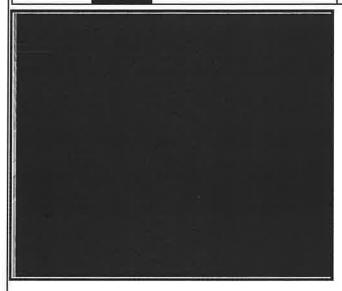


Photo Date: 05/03/2023

Photo Taken By: CAPTAIN Investigating Supervisor: CAPTAIN

Photo Description: Other-REFUSED



CITY OF NEW YORK CORRECTION DEPARTMENT

George R. Vierno Center



Incident Photo

Type of Incident:	UOF	×	COD		Other		Date & T	ime of	Incident:	05/0	3/2023	07:24	
UOF#: 2239/23 - P		Inc	ident St	atus	Actua	1	Shield #:	:					
First Name:							Book & 0	Case #	:	N/A			
Last Name:							Inmate		Staff	X	Other		

Photo Date: 05/03/2023
Photo Taken By: Officer Investigating Supervisor: Captain Photo Description: Other-I JURY

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 41 bt 58013

			N DEPARTMEN NEW YORK	IT		
	INMATE	VOLUNTARY ST	ATEMENT FOR	M For	n; IVS-1 1 <i> 24 </i> 19	
Inmate's Name:)ate: , 5	1312	3
Book and Case	Number:	Date of Birth:	Age:	Housing Area	3A	
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Rank:



CORRECTION DEPARTMENT



CITY OF NEW YORK Form: 157R-A Rev.: 10/3/19 Page 1 of INJURY TO INMATE REPORT 2 Pages Ref.: Dir. 4516R-D INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed investigation to Security. COD/UOF #: TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY). Inmote Name (Last Name, First Name): Location Where Injury Occurred: Inmate's Housing Seq. In take NYSID # 2023 at anproximately was involved in an UDF with Doc 310-99 Supervisor Notified (Print Last Name, First Name, Rank, Shield #): 0124 Hrs. Employee; I (Did) (Oid Not) W TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 43 of 101



CORRECTION DEPARTMENT CITY OF NEWYORK

Page 2 Form: #167R-A Rev.: 10/3/19



	INJURT TO	INIVIATE REPORT		Of 2 Pages	Ref.: Dir. #4516R-D	100	
	INSTRUCTIONS Original Rep	ort to Security, One copy to	Cilnic Lock	box, One cop	y to Inmate Medica	I File.	
Inmate Name (Las	t Name, First Name)						
Injury#: FY23/		NYSID #:	В	look & Case/Se	nt. #:		
	ED BY THE INVESTIGATING	OFFICER, PLEASE PRINT C	LEARLY.				_
Investigator's Repo	rı:						_
direct order to instructing sai secured inmat with an elbow behavior statism in a DOC use was no treatm area". Inmate Based on the sedetermine if the canvassed for was also information of chemical was reconstructed by the concludes that the concludes that the concludes that the concluder of the concludes that the concludes that the concluder of the concludes that the concluder of the concluder	assigned to Transport step out of the cell to assisted officer d in mechanica v to her facial area res ng, "this is what I do", on Inma of force, he refused to tent for inmate refused to giv staff reports, medical as the injuries sustained by any other possible with	by conducting to ands behind his back all restraints when with sulting in injury to he on May 3rd, 2023, a set Injury Report #FY be evaluated by medical as he refused medical and regulation will not be tolerated as any other possible we igent nor responsible matter.	design de	IC Seg Int. nated to be ad secured isk of inma ared in med ocation sai ye. Inmate mately 082 of the follo nate on. The di ompliance v are DOC neg e. Inmate pect for Sta while in D. d disciplinare consiste to which the	ake for court produced for in mechanical terms and hanical restraired inmate assaulting follows: O hours, inmate has no visib sposition was with a statement direct. The awas informated in the follows: With a statement direct. The awas informated was informated was informated in the follows: With a statement direct. The awas informated was informated was informated was informated in the follows: With a statement direct. The awas informated was informated was informated was informated with staff reference were none, staff acted apparatus the follows: With a statement direct was informated was inf	roduction. Inmacourt was given restraints. Office upon completions. Officer wed his assaultive was seen in tinvolve injuries. The return to housing to I was unable to trea was fracted for the Threats. Inmat Additionally, he will be imposed ports and medic This writer ropriately in the	ve he ed are
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our Commander's	(Signature):	Rank/Title:		Shleid	/ID# D:	ate:	
eputy Warden's R	leview;	listation district	Rank/Title	o:	De	ate:	
ommanding Offic	er's Remarks;						
ignature:		1	Rank/Title	1.	n _s	afer	

(A)	CORRECTION	DEPARTMEN	T ATTACHMENT	CORRECTION
	CITY OF	NEW YORK	D	BEFARTMENT
	HEARING REPORT AND NO	TICE OF	Page 1 Form: 6500D of Eff.: 07/09/21	
Infraction #:		Institution:	Ref. : Dir. 6500R-G	-
Individual's Name (6291-23	B&C/	NYSID #:	
	1034 (1134).	Sentence #:		
Location: 13A	n (Print Name, Rank & Shield #):	Date: 5	IS 73 Disposition Time:	ISOU Hrs.
Aujunication Captai	(Print Name, Rank & Shield #):	त्रे		
Folder #:	A-(91) Hearing Start	Date: 5/11/2	Hearing End Date:	Julzs
	/	Yes No		
	l Witness(es): ☐ Yes ☐ No ☐ Waived ☐ Request 0	Granted Denied (lf waived, individual must sign. I	f denied, state reason
Reason:				
Individual requeste	d Hearing Yes No Waived Reque	rt Granted - Ofices Name	a Casillada	- W
Facilitator: Reason:		oranieo (iryes, neann	g Facilitator must sign. If walved	, individual must sign/
Individual Penunst	ed Interpreter: Yes No Waived Reque		(If yes, interpreter must	son If walvad
Reason:	ad Interpreter: Tes No Maived Kedne	st Granted Denied	individual must sign. If d	enied, state reason.)
10000				
If individual advised	of right to remain silent was individual advised that statem	ents could be used agains	st him/her. No	Not Applicable
Special Situati		2:		
Hearing in Absentia	a: Individual Refused to Appear Removed fr	om Hearing Due to	Specify Reason	
Adjournment:	By Adjudication Captain Date Reconvened	ADW authorization	on beyond (5) business days	
L	By Individual Waived Time Limits to Facilitate Adjournment	ient (Individual Signature)		
Referral:	Security Mental Heat	lh [Inspector General	
Individual Pled:	Guilty Not Guilty	when ask	Guilty with an Explanation	
Summary of individ	dual 's Testimony:	and all	254	
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		<u> </u>) ,	
7-11-11-11-11-11-11-11-11-11-11-11-11-11				

	ss(es) testified at your hearing. (If additional witnesses test	fied, attach additional she	e(s.)	
Witness Name (Las	t Name, First Name):	Rank/Title, Shield/ID # (if s	taff), B&C/Sentence # (if inmate)	k .
Wilness Signature (Present at Hearing):			
Witness testified in t	the presence of the charged înmate:	No If no, state reaso	on:	
Summary of Testim	DNY.			
Testimony was:	Credited Rejected Reason:			
	-			
Witness Name (Last	t Name, First Name):	Rank/Title, Shield/ID # (if st	laff), B&C/Sentence # (if inmate)	1
Wilness Signature (I	Present at Hearing):			
Militage tentified in t				
THUTCOS LESURED IN L	he presence of the charged inmate: Yes	No If no, state reaso	n:	
Summary of Testimo	ony;			
	M			
Testimony was:	Credited Rejected Reason:			
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		HE		REPOR					Page 2 of 2 Pages	Form: 6 Eff. : 07/ Ref. : DI		-	
DOCUMENT	TARY EVIDEN	ICE (When	e applicat	ole)	-								
Pholograph	of injury;		I	☐ Yes ☐ N	40/	4	SU W	AB	S	hown to	individual	-	-1247
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Infraction In	estigation;		J	Yes D	40	50	06-A		s	hown to	Individual :	☑ Yes	□ No
Physical Evi	dence (List):		Ĩ	☐ Yes ☑	ya."				s	hown to	Individual :	Yes	No.
Witness Stat	tements (List V	Wilnesses)	: [🗆 Yes 🗹 I	No				s	hown to	individuel :	□ res	Ø No
On this date	and time follo	wing dispo	sition was	s reached after	a hearing o	n the charg	jes listed b	elow:		5	15/23	3	300
Charge #	Dismissed	Penalty	Guilty	Not Guilty			Basis fo	r Findir	ngs & Ev	ridence	Relied 0	n	V
סוינט		_	V		Ba	ichu Leve	ente	- A	to fi	solo S	nga bba 1800	から	e au
Ol _t Ol			V		did	~ C	n e	1t Iba	0.0 N	do :	Alp	Fèc	10
סוונטו	/				9.60 Jh	egl/c	Rno	\$	gra esti	262 1	gu(1)	1108	1 0 9,10
35			A 4	offenses only:					Condo	II (Telms	frasze)		
Yes Z			ple rule v	idations, these		i (14 day f		[Consec			currently	

Adjudication Captain (Print Name, Rank You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less that thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

Signature of Adjudication

Days.

Pre-Hearing Detention Time Credit:

Reason:

1 No

I certify that I received a copy of this notice:	Signature of Individual:	Refused		Date:	14/23	Time OFSS
Served by (Print Name	Rank and Shield #)		Signature of Server			
Refused to Sign for No	tice: 📮 Yes	□ No.	Witnessed By:			

	COR					
	HEARING REPOR DISCIPLINARY			of Eff. :	: 8600D 07/09/21 Dir. 6600R-G	
Infraction #:	6291-23		Institution:	GRV	C/ ESH	
Individual's Name (Last, First):		B&C/ Sentence #:		NYSID #:	
Location: 13A	56			15/23	Disposition Time:	360 Hrs.
Adjudication Capta	in (Print Name, Rank & Shield #):	0	A-	0,00	Time.	1113.
Folder#:	A-(91)	Hearing Start	Date: 5/11/7	3 Hearing	End Date: 5	11/23
Individual's Accomp	panying card Indicates Individual Received	Rule Book:	Yes No	Time k		
Individual requester Reason:	d Witness(es): Yes No Walved	Request 0	Granted Denjed	(If walved, individ	ual must sign. If d	lenied, state reason.
					-	
Individual requeste	7	aived Reque	st Granted (If yes, Heari	ng Facililator mus	t sign, If walved, i	ndividual must sign.)
Indicational Reguest	and Internation III Van III Van III Van	about Dipage	но Прим	(it ves. i	nterpreter must si	on. If walved.
Reason:	ed Interpreter. Yes No Wa	aived Reque	st Granted Denied			nled, state reason.)
If individual advise	d of right to remain silent was individual ad	tvised that staten	nents could be used adalr	st him/her.	Yes No	Not Applicable
Special Situat			q		-	<u> </u>
Hearing in Absent	ia: Individual Refused to Appear	—	rom Hearing Due to		Specify Reason	
Adjournment:			ADW authorizat		siness days	
-	By Individual Waived Time Limits to F.	acultate Adjourni	ment (Individual Signature) (——- yp-1111—1111111
Referral:	Security	Mental Hea		Inspector Ger	neral	
Individual Pled:	Guilty de co	☐ Not Guilty ← ○ ○ ○ ○ ○ ○ ○ ○	when ook	Gullty with an	Explanation	
Summary of indivi	CWC INT VC -		celtal (so			
	19 00 20		CO. (7))		
		-				
The following witne	ess(es) testified at your bearing. (If addition	ant a dia nana a tan	tifind attack additional ob	note \		
	st Name, First Name):		Rank/Title, Shield/ID# (If		ence # (if inmate):	
Witness Signature	(Present at Hearing):					
Witness testified in	the presence of the charged inmate:	☐ Yes	No If no, state rea	son:		
Summary of Testin						
Continuity of result	iody					
Testimony was:	Credited Rejected Reaso	n:		9		
Witness Name (I o	st Name, First Name);		Rank/Title, Shleid/ID# (if	etam BEC/Sonte	noon # (If Immate):	
	(Present at Hearing):	4	really rive, Silieloute # (ii	stan), odorodnie	nica i (ii kimata).	
Witness testified in	the presence of the charged inmate:	Yes	No If no, state reas	son:		
Summary of Testin	полу:					
Testimony was:	Cradited Rejected Reason	rh:	***************************************			



CORRECTION DEPARTMENT CITY OF NEW YORK

ATTACHMENT D



## #USZOME				OII I OF	MEAN LOKK			1
	e HE			RT AND NO Y DISPOS		Page 2 of 2 Pages	Form: 6500D Eff.: 07/09/21 Ref.: Dir. 6500R-G	
DOCUMENTARY	EVIDENCE (Who	re applicat	ble)	э.			a second resolution familia	
Photograph of Injui	'y:		☐ Yes ☑	No	4500 AB	S	inown to Individual:	Yes No
Photocopy of Wear	pon:		□ Yes 🗗	No	105-1	S	shown to Individual:	Yes No
Reports - Specify 7	ypes:		☑ Yes □	No	167R-A	S	hown to Individual :	Yes No
Logbooks - Specify	Types:		□ Yes Ø	No	5000-A-1	s	hown to individual;	Yes No
Infraction Investiga	tion:		☑Yes □	No	5006-A	s	hown to Individual:	☑Yes ☐ No
Physical Evidence	(List):		□ Yes	Na		5	hown to Individual:	☐ Yes ☑ No
Witness Statement	s (List Witnesses):	□ Yes Ø	No		s	hown to Individual:	□ Ves ☑ No
On this date and th	ne following disp	osition was	reached afte	r a hearing on th	ne charges listed below:		5/15/23	300
Charge # Dism	issed Penalty	Guilty	Not Guilty		Basis for Findi	ngs & Ev	idence Relied On	
101/10		1		Base	enew of	Jaff all	shopa 160a	the se
1091D		√		did	as elba	00 0	to The	Reval
י סוומי	/			9.60 The f	gllowing a Know	1, ~~	Les 101	10 & 1000 10
							1101	
Commissary restricti	on for Grade I o	Grade II c	tienses only:	If yes: (select o	nne)			
Yes 🛮	No		K		4 day freeze)	Grade	Il (?day freeze)	
if you have been for	and guilty of mult	ple rule vid	olations, these	penalties will b	e served:	Consecu	rtively Concu	rrently
Infraction Dismissed Reason:	4: Yes	ZN	0			A		
7								
Pre-Hearing Detenti	on Time Credit:			Days.		017		
Adjudication Captair		ank,			Signature of Adjudicati		2	
days of service segregation of may file a pet	ce of this de or loss of all ition for a w segregation	cision. your g rit unden or los	If you ha ood time er Article s of less	ive been so on any one 78 of the C than all you	endered by the Adjentenced to a total (1) Notice of Discourse SPLR. If you are sur good time, you	of thirt ciplinary entence	by (30) days of y Disposition (6 ed to less that	punitive 500D), you thirty (30)
certify that I receive		Individual			B&C/Sentence #:		Date:	Time:
copy of this notice: Served by (Print Nar		ield #1:			Signature of Server			4
	*		п					
Refused to Sign for t	wite.] Yes	□ No		Witnessed By:			



CORRECTION DEPARTMENT

ATTACHMENT



1000	124	r)	_						
		REPORT AND	NOTICE OF	INFRAC	TION		9500A 07/09/21 Dir. #6500R-G		
Infraction #: 620	91-23	Institution: GRVC	Date of 105/0	3/23	Time Infraction 15	00	Date of 05/03	3/23	
Individual's Name (l	Last, First):		TERCOGNE	B&C/			NYSID#:		
Location of Incident	(Be Specifi	ic): Seg Intake		Sentence #:	using Area 12 A ICa	11.4	Approximate Tin	ne of	
Charge #			Offense	Charge #	ation: 13A/CE	11 -	Incident: 0724	Hrs. Offense	
101.10		Assault a	and Fighting						
109.10		Disrespe	ct for Staff			-			
127.10		Threats							
Reporting Official (F	Print Name,	Rank and Shleld #)	co	Reporting					
The second secon		alls as to How, When and V					140 -		
On May 3, 2 GRVC Sea	Intake a	at approximately 0	ssigned to the 724 hours. In	mate	ortation division	i, post	IVIB recorder	entered	
		structed to step or	ut the pen to	be pedig					
production.		as penind his back to			pat frisked said		e and instru hen placed t		
mechanical	restrain	ts on said inmate	upon attempt	to lock r	nechanical res	traint s	aid inmate e	lbowed this	
writer in the	facial a	rea making contac	ct with right ey	e. The	inmate then st	ated "ti	nis is what I	do".	
						A	.		
							1		
								~	
					HC				
		this infraction no sooner that ity-four (24) hours prior to ye							
charges and held for (3) business day or	r a hearing. eriod exclud	The Department will make des the day you are serve	every effort to hold to ed. weekends, holida	his hearing w	within three (3) busines	s days of	the service of this a	notice. This three	
are hospitalized or a another facility and d	at a hospital lays you are	I attending a clinic, days you unevallable due to your abse	ou leave the facility t ence from the facility	or an attorne for any purpo	ey interview, days you use. The three (3) busin	are unav	allable because you eriod is automatica	u are transferred to lly extended by one	
(1) business day if yo	ou are trans	ferred to another facility prio discretion of the Adjudication	r to your hearing (un)	ess you are :	a Pre-Hearing Detentio	n Individu	al). Commencemen	it of a hearing after	
At your hearing you	have the fo	ollowing rights:							
		nally, unless you walve you enis. If you choose to rema	the second secon		COLUMN TAXABLE CONTRACTOR ASSESSMENT ASSESSMENT		•	*	
be used in	a enpaedne	ent criminal that unless you						statement cannot	
Right to pre Right to pre									
		of a Hearing Facilitator.							
6. Right to an 7. Right to ap		if you cannot communicate	well enough in Eng	lsh.					
Within twenty-four h	ours of the	Adjudication Captain reach	ing a decision of gui	ity, you will r	eceive a copy of the	NOTICE (OF DISCIPLINARY	HEARING	
The following penalt	tes are the	you of the violation(s) you a maximum which may be im	are found guilty of, the aposed individually o	e basis for t r in any com	hat finding, the eviden bination:	ce relied :	pon and the pana	lly to be imposed.	
Reprimend Loss of priv		8 -							
1000	-	ou are a sentenced inmate.							
ADD	COLUMN TO SERVICE	or up to thirty (30) days per nally damaging or destroying		vidual charg	e.				
A commissary restri	iction will be	imposed on all inmates for	und guilty of a Grade	al (14 day fr	eeze) or Grade II (7 d	зу			
Interpreter Requeste		ight to appeal an adverse d	lecision rendered by ude what language)	DOCASILATO DE SA	ation Captain.		No		
Hearing Facilitator F			ło			142	/		
Witness(es) Reques				ne, Book an	đ Casa Number (if inn	nate) [7	No		
		or Shield/II	D (if staff) and Locat	ion (If Inmate	e) or Post (if staff).				
Witness (Print Name	e);		B&C Number:	-	Wile Co.	ı	ocation:		
Witness (Print Name	e):	***************************************	B&C Number:			ι	ocation:		
Witness (Print Name	e):		B&C Number:		-	t	ocation:		
Witness (Print Name			Shield/ID Nun	iber		F	Post:		
I certify that I receive a copy of this notice:		ure of Individual:	and to since	· ·	Date: 5 8 1	213	Time: 23	55	
Served				\$					
Refused to Sign for	Notice:	Yes	No	Witness	ed By:				

(in)	CORR	ECTION DEPARTMEN	T ATT	ACHMENT	CORRECTION
	C	ITY OF NEW YORK		В	DEPART LINE
	INVESTIGA	ATION REPORT	Form: (Rev. :0' Ref. : D		
Please indicate wh	ich of the following Items are part of the Inves	stigation:			
Injury	to Individual	Photos	Memal	Health Clearence	8
UOF I	Reports	Drug Test Results	Other		
Red II	D/Enhanced Restraint Placement	NIK Reports (IU)			
PHD ((Specify where below)	✓ Witness Stalements			
Prope	rty Damage Report	Confidential Informant			
Date Investigation 5 05/03/23	Started:	Date Investigation Concluded:		Infraction #:	
05/03/23	IMVE	5/8/23 ESTIGATING OFFICIAL'S REPORT		100	V
that no disciplinary On Wednesd Transportatio out of the cel assists instructing sa securio officer his assaultive verbal statem Based on the (109.10) Disr	I to get pedigreed, pat frisked ed officer by condutcin hid inmate to place his hands to ed inmate in mechani with an elbow to her facial ar be behavior stating "this is what	ately 0724 hours, officer see of pursuing disciplinary action. Seg Intake for court production and secured in mechanical general trisk of inmate secured in the pat frisk of inmate secure cal restraints when without prea resulting in injury to her it I do". Inmate secure cal restraints when without preasulting in injury to her it I do". Inmate secure cal resulting in injury to her it I do". Inmate secure cal resulting in injury to her it I do". Inmate secure cal resulting in injury to her it I do". Inmate secure call the charge call the	and up an	en a direct of officer on completion in a direct of one completion in a direct of the completion	rder to step on nts. Officer assaulted followed written or
Statement of Individ	ival Charged:				
Inmate	refused to give a written or	verbal statement			
Wasse Name ()	The state of the s	s(es) - (If more witnesses, attach addition			
Witness Name (Las		Rank/Title, Shleid/ID (If staff) B&C#/Sentence# (If individual)			
Statement (If none,	state such):				
Witness Name (Las	t, First):	Rank/Title, Shleld/ID (If staff) B&C#/Sentence# (If idividual):			
Statement (If none,	state such):	*			
Was individual Mira	ndized in connection with this Infraction?	Yes No Heari	ing Recommends	rd? Ye	n No
ndividual transferre	d payding hearing? Yes No II Ye	es, Where? If PHD, <	check Dat	e:	Time:
Investigating Offic		Javestinatino Official (Prior	Name, Rank and	(Shield#):	

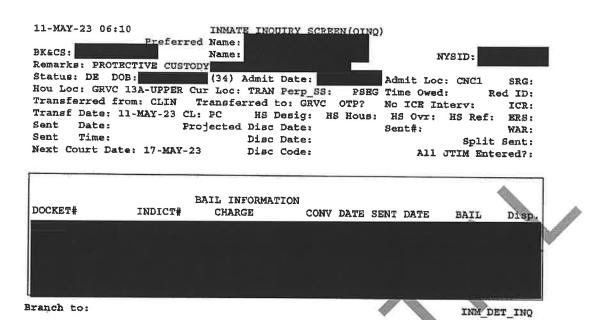
30-MAY-23 09:29

Infractions Inquiry (QIF)

BK&CS: Name: NYSID: NYSID: Classification: 14 MAX Housing Type: Current Facility: DISC Detained Adult Male DOB: AGE: 34 Sent#:

Branch to: INM_INFR_ NQ

Seq Infrac# Date Facil Adj Date High Chg High Chg Description Dsp 1 0313-23 02-MAY-23 MTF3 08-MAY-23 101.12 Assault by injury inflicted G 2 6291-23 03-MAY-23 GRVC 11-MAY-23 101.10 Assaults staff or at mpts G



30-MAY-23 09:29

Infractions Inquiry (QIF)

Name: Nysid: Nys

Branch to: INM_INFR_ NQ

Seq Infrac# Date Facil Adj Date High Chg High Chg Description Dsp 1 0313-23 02-MAY-23 MTF3 08-MAY-23 101.12 Assault by injury inflicted G 2 6291-23 03-MAY-23 GRVC 11-MAY-23 101.10 Assaults staff or at mpts G

24-MAY-23 09:30	Inmate	Movement	History I	Log (QHMOV)		
BK&CS: Admit - Loca Disch - Loca			22-MAR- 2: 20-MAY-	-23 Time: -23 Time:	NYSID: 01:27:25 14:23:52	
Branch Date 15-MAY-23 17-MAY-23 17-MAY-23 20-MAY-23	12:19:10 01:18:43 01:18:44 10:17:59	CLIN GRVC CLIN	To GRVC CLIN GRVC GRVC	Reason Code XFER CLINIC OTHRET XFER DISC	Housing Facility 	Housing Area 13A-UPPER 3A-UPPER 3A-UPPER 13A-UPPER

24-MAY	-23 17:45	Inmate	e Moveme	nt History	y Log (QHMOV)	<u> </u>	
BK&CS:	Admit - Loca Disch - Loca	Name:		ate: 03-FE	EB-23 Time: Time:	NYSID: 00:32:24	
Branch	Date	Time	From	 To	Reason Code	Housing Facility	Housing Area
	03-MAY-23 03-MAY-23 03-MAY-23	07:49:17	GRVC GRVC SNC1	SNC1 SNC1 SNC9	CRT CRT XFER	GRVC GRVC GRV	13B-LOWER 3B-LOWER 3B-LOWER
	03-MAY-23 03-MAY-23 03-MAY-23	10:07:48 10:07:54	SNC1 SNC1 SNC1	SNC9 SNC7 SNC7	CRT XFER CRT	GRVC GRVC GRVC	13B-LOWER 13B-LOWER 13B-LOWER
	03-MAY-23 03-MAY-23	12:32:16 16:20:33	SNC7	GRVC GRVC	CRTRET CRTRET	G VC GRVC	13B-LOWER 13B-LOWER
	19-MAY-23 19-MAY-23 19-MAY-23	18:22:08	GRVC GRVC	AMKC AMKC 	XFER XFER HOUSING	GRVC AMKC AMKC	RR RR QUAD-U19

	FIRST VANS	B&C	HOUSING AREA	COURT
1			4B	SCK
2			9A	SCK
3			138	SCN *
4			88	ссх
5			98	sca
6			10A	SCK
7			7A	SCK
8			158	ccx
9			9A	CCN
10			4A	SCK
11			9 <u>B</u>	SCX
.12			48	ccx
13			1A	SCQ
14			58	SCN
15			4B	ccx
16			11A	SCN

	G.R.VC. COURT BREAKDOWN REPORT
	DATE: 5/3/23
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PAGE

N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

NEXT COURT DATE - INMATE ALPHABETICAL LIST

				GRVC	03 - MAY - 23				
LASTNAME	FIRST NAME	VEH PRI	BXECS #	NYSID #	HOUSING AREA	COURT	COURT PART W		SENTENCE #
	***********	2			эв	CNC2	λ		********
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					- 98	- anes	-21		
		2			11A-UPPER	SXG1	T14	4	
		2			1 % A - UPPER	I-AMEC.	VICAHRO SO	cit	A 1
		2			78	S0Q1	к14		1
		2			17B · UPPER	SKJ3	19		
	/	0			40	SKJ3	15 Trical	Atti	re
		① ① 2			91	BYZ3	15 T/10	AH	ire
		2			10B	CXE1	AP2		
		2			15A-LOWER	SNC9	22	Y	
		0			13B-LAWER	SNCI	GWP1		723-0387
		2			76	SKJ3	DV		
					13Y-TOMER	8113	APIP		
					15A-UPPER	SNC1	TAPB		
		2			7.0	CQQ1	JP1		
	-	-3			-7B	0001	-AP6		
		1			79	CNC2	F		
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		V			15B-LOWER	SNC1	€2	·	·
		2 9			172	SKJ3	APIP		
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N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

PAGE

NEXT COURT DATE - INMATE ALPHABETICAL LIST

GRVC 03-MAY-23 LASTNAMB FIRST NAME VEH PRI BK&CS N NYSID N HOUSING AREA COURT COURT PART WAR OTP SENTENCE # ******** 2 (1) 9В SQK1 TAPD 17A SK43 138-LOWER SNCI (1) SKJ3 10A 9XG1 11 13B-LOWER 4A CKEL JD/T 8B SQQ1 K22 SNCL 32 15B-UPPER CNC2. F 15B-UPPER CNC2 A 23 Trial Attice SKJ3 48 CRT1 38 CXEL T17 SNC1 42

02-MAY-23 19:16 REP_DIR:NXT_CRT*NXT_CRT

N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

PAGE

NEXT COURT DATE - INMATE ALPHABETICAL LIST

GRVC 03-MAY-23 LASTNAME FIRST NAME VEH PRI BKACS P NYSID # HOUSING WARA COURT COURT PART WAR OTP ISB LOWER CKEI TAPL CNC2 JURY2 5A SNCl TAPE ENC1 2 SKJ3 198 0001 (1) 48 SKJ 2 7A 13H COMER SKA3 GRANDJUR 98 SXG1 48 CXE1 4 B SNCI 42 1 " Civ. Clothes SQQI LIA UPPER SKJI 52 Civ. Clothes SNC1 MA-UPPER SKJ3 19

G2-MAY-23 19:16 REP_DIR:NXT_CRT NXT_CRT

PAGE

N.Y.C. DEPARTMENT OF CORRECTION - INMATE INFORMATION SYSTEM

NEXT COURT DATE - INMATE ALPHABETICAL LIST

03-MAY-23 NYSID # HOUSING AREA COURT COURT PART WAR OTP PIRST NAME VEH PRI BKECS N LASTNAME 5XG1 58 2 2007 10 Force Order em3 2 SXG1 178-LONER 2 CK69 CKS 9 2 98 15A SKJ3 SXJI an. SQK1 TAPA 38 42 78 SNCl



	3-M.	y-2023		
LAST NAME	FIRST NAME	y-2023	HOUSE	COURT
			48 3A	Mist-Huss NF
			7A 1)A	WF
			7B	WF
			19A 1	DF_ UF
			11A 5	3CN_
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	· ·			

	CITY OF NEW YORK - COR	PECTION		
A	USE OF	EODOE DEPARTMENT	FORM #5006-A	Eff.: 9/27/2017
INSTRU		ORCE REPORT		PARTA
Use attac	mpleted by any member involved in a use of force incident, threets it additional space is needed and indicate Part and on Section 8 on each attached page.	USED FORCE	WITNESS (BOKO-11-	
Facility:	Report Date: Incident Date: Inc		then complete PART A-1, NO	T this report
GRY	(C 05 03 23 05 02 20 0	cident Time: Fecility Incident #:	COD Use of Force #:	COD Unusual # If an
Lucation	Where incident Occurred: Post Assignment	ned at Time of Incident:		
T.Was	Supervisor notified before force was used? YES		0500 X 13	381
The second second		THE PARTY OF THE PROPERTY OF	IANK and SHIELD #;	
2 30011	h Supervisor was notified after the incident? Write	in full NAME, RANK and SHIELD #:		
3 State	a name(s) of inmate(s) against whom force was used		·	e Notified:
	Last Name Floris			
1 2		B&C or Sent. Number	- Milacito	Written)
Evol	in in detail the secure		YES	The second secon
4 antic	in in detail the sequence of events leading up to the pated (i.e., it was apparent that Staff would likely nee to using force):	incident based on your own observation	s. Including whether the	LINO
ICO.		All	nd there was time to prep	are a plan of action
	assign	ed to the TO.		corder
	Soo intake of	approx 0705 How	Sindividual	CG(A)or
pen	to be provided and	was instructo	D to Step	cut the
proc	exchion. CO	1311 -O No	ew York	court
cax	+ production, CD.	ass15+00 -++	is writer	WHICH
108+	ruction individual to ovar	Chip beads	ion adigi	ndividualana
10	Jerry machanisal	traints = dind	enlad he	back
ndu	Placed the	mechanical as	VIUWI COM	David
EXAL S	all spon attempt to	o lock mechan	SHOWAS	on soud
Forc	e was not and a	this writer in	the BUNG	Orivit
	OT WITHCH	pated.	- Bigh	age
Were a	ternatives, such as verbal commands, attempted bei	Ore forms was a	\supset	
-		TAGE A	NO If YES, describe:	
-		¥)		
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M				
- 10				
Describe	the incident and the specific force used:			
4			1.5	
.O.		assisted this	war. \nc	- 110
7	F. WOUTION C.O.	On the	1 0 - 11	24H)
DON	and instructo	o innivious to c	vace his h	101
Sau		pply mechanica	al Boston	2 bands
the	mechanical Rostian	y C.O.		placed
var	mechanical Restrain	TIME		
divid	110 0100 101			said
and	facial area with	warning	argnt en	,
nis	writer simultaner	ousil used open	be blong	ation
ne_	speed body with my	Fight band which	1000 POR	0+C
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	Con	linued on Reverse Side	~~~~	

Case 1:11-cv-05845-LT	S Document 653	8-8 File	d 12/13/23 Page 63 of 101
entangled with Swing right to cre attached individual to cre attached individual to cre attached individual to cre what I do incident at examt to an further circ periow of	arm in the ate distance	e or Crear no. 1	fear of burg fear of burg ning "youn this is his deeport based iction of the "eby peserve the
7 Explain in detail why force was necosed	ry to control the situation:		
this writer,	Olividual from		ther attacking
To the extent applicable, identify the name	*	-	
Were any other uniform or non-uniform sta If YES, complete the identification informat Name Rank/Title	of involved in or present at the time tion and give an account of each p Shield/ID Number	e of the inciden	YES NO Immediately before and during the incident:
Name Rank/Title	Shield/ID Number		Account of Actions
Name Rank/Title	Shiold/ID Number		
Did any other inmales witness the incident?	YES NO HYES, spec		Account of Actions
Last Name	First Name	iny:	Book and Case or Sentence Number
Were you responsible for escorting the inmate(s) to the clinic?		ify the approxim and the name	outs time the inmate was transported to receive of the medical provider, if known to you:
	al Area, E	ES, describe yo	ur injuries and how sech was sustained:
mitted by: (Brief, Account		Signa	sure:

-5/3/23, 9:15 AM

https://crpvms2chsws01.corp.nychhc.org/METNII/PrintNursing.aspx-

UOF # 2139/23



PATIENT HEALTH INFORMATION SUMMARY

First Name:

Last Name:

Dob:

DO

Nursing

Completed by:

Completed Date: 05/03/2023 8:59AM

Patient Staff Classification:

DOC Staff

Referred By:

Self

Clinic Facility:

George R. Viemo Center

Location of Incident:

Other; Seg Intake

Treatment Location (Initial):

DOCITS

Employee reported for medical attention on:

05/03/2023 Time: 8:50AM

Chief Complaint:

She is c/o pain to right side of face , to right wrist and right shoulder after

being hit by an immate

Vital Signs:

Pulse: 95; RR: 17; Temperature: 98.00; BP: 128/90; O2: 100

Nursing Disposition:

Refer to in-person Provider

5/3/23, 9:15 AM

https://crpvms2chsws01.corp.nychhc.org/METNII/PriniNursing.aspx



PATIENT HEALTH INFORMATION SUMMARY

First Name:

Last Name:

Dob:

DOC Badge

In-Person Provider

Completed by:

Completed Date: 05/03/2023 9:15AM

Location of Patient Evaluation:

DOCITS

Reason For Visit:

Other: Assault on staff

Is this Visit Caused by use of force?:

Yes

Subjective (Complaint)/Mechanism of Injury:

She is c/o pain to right side of face to right wrist and right shoulder after

being hit by an inmate

Provider Order:

Other: ice pack applied to the area

Objective/Physician Findings:

she is in nad

Assessment:

injury to right side of face, to right wrist and right shoulder

Probessiiiciir,

Plan:

routine transfer to urgicare, however she claims that she will drive to

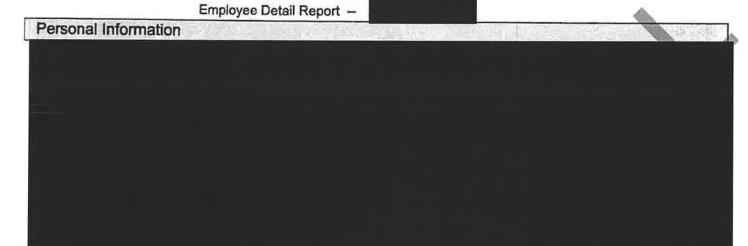
urgicare by herself

Provider Disposition:

Routine transfer to hospital or urgent care

New York City Department of Correction

Date: May 09, 2023



Job Information

Status:

B - ACTIVE

Facility:

TRANSPORTATION DIVISION

Agency Start Date:

August 06, 2015

Job Title:

CORRECTION OFFICER

Work Phone:

Rank Date:

August 06, 2015

Shield #:

ID Card #:

Civil Serv Status:

C - Permanent - Competitive

Pension #:

Pension Tier:

Weapon Information

Use	Manufacturer	Model	Serial #	Caliber	Barrel	Туре	Purchased Dt.	Disposition	Disp. Date	Dt. Qual. Test	Qualified
	SLOCK	19	AFBP790	9MM	4"	P	February 17,	ADDED	February 25,	June 22,	YES
SER	MITH & WESSON	5946	VZT4847	9MM	4"	Р	January 01,	ADDED	January 01,	April 12,	YES

FROM: COMMISSIONER'S ORDER

MSG#: 2023-003842

TO:

SENT: 05/15/23 1448

HRS PRIORITY: 2

SUBJ:

TELETYPE ORDER NO.

HQ -01115-0

DATE

MAY 15, 2023

TO

COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM

ACTING COMMISSIONER

SUBJECT

PERSONNEL ORDERS - SUSPENSION FROM DUTY

(UPDATED-REF: TELETYPE NO. HQ -01087-0)

1. THE BELOW LISTED MEMBER OF THE DEPARTMENT IS SUSPENDED FROM DUTY WITHOUT PAY, PENDING DISPOSITION OF CHARGES:

SUSPENDED EMPLOYEE

NAME RANK/TITLE SHIELD NO. ASSIGNMENT

C.O. T.D.

2. SUSPENSION PERIOD:

FROM: 1051 HOURS, 05/09/23
TO: 0001 HOURS, 05/29/23

(* INDICATES UPDATED MATERIAL)

- 3. THE SUPERVISOR EFFECTING THE SUSPENSION OF THIS EMPLOYEE IS DIRECTED ENSURE THE EMPLOYEE IS AFFORDED A COPY OF DIRECTIVE NO. 7504R-B. REGARDING PROCEDURES FOR EMPLOYEE ON SUSPENSION AND THE COMPLETION AND FORWARDING OF FORM 4511K 'NOTICE OF REVOCATION OF FIREARM PRIVILEGES' TO THE FIREARMS AND TACTICS UNIT, ATTN: SECRETARY OF THE FIREARMS REVIEW BOARD AS REQUIRED BY DIRECTIVE NO.4511R-B (FIREARMS POLICY AND PROCEDURES).
- 4. THE COMMANDING OFFICER I.D.
 IS DIRECTED TO ENSURE PROMPT SUBMISSION OF THE COMMISSIONER'S '24 HOUR
 REPORT' CONTAINING THE FACTS AND CIRCUMSTANCES REGARDING THIS SUSPENSION AS
 REQUIRED BY SECTION III.C1.H. OF DIRECTIVE NO. 7504R-B.
- 5. THE COMMANDING OFFICER I.D.
 IS DIRECTED TO ENSURE PROMPT SUBMISSION OF THE APPROPRIATE MEMORANDUM OF COMPLAINT IN ACCORDANCE WITH THE PROVISIONS OF OPERATIONS ORDER #9/87, DATED MARCH 9, 1987.
- 6. RESTORATION OF THE ABOVE EMPLOYEE'S PRIVILEGE TO PURCHASE, POSSESS CARRY ANY FIREARM SHALL BE SUBJECT TO THE PROVISIONS OF DIRECTIVE NO.4511R-B

AUTHORITY: OFFICE OF THE COMMISSIONER LML/MB



CORRECTION DEPARTMENT CITY OF NEW YORK

FORM NO 7504R REV 02/10/00 REF. DIR. 7504RA



NOTICE OF SUMMARY SUSPENSION FROM DUTY

-toses							
SECTION "A" E	MPLOYEE INFOR	MATION				-	4
Last Name		First Marsar			Rank/Title:		No.
Shield/I.D. #:	Emp	loyee Reference #		Command, DIVISION	/Unit: TRANS	1	ION
SECTION "B" R	EASON FOR SUS	PENSION			1 4	K	
Date of Alleged \	/iolation(s): 05/03/	2023		A		1	
Officer use of force # U	is sur J2239/23	nmarily suspended	l from duty pursu	eant to an or	ngoing inves	tigation	into
•	·						
SECTION "C" AL	UTHORIZATION						
Suspension Requ	Acting Deput	Commissioner	Suspension Au	thorized By: Commiss			
SECTION "D" PE	RIOD OF SUSPEN	ISION					
Date Suspension 05/09			Time Suspensi	on Effective:		HOUR	S
Date Suspension TBA	Completed:		Time Suspensi		ed: BA	HOURS	
SECTION "E" SE	RVICE OF NOTICE						
Sanda Effected I	300	Date: 05/09/23		Time:	ns2	HOURS	s
SECTION "F" RE	CEIPT / NOTICE C	F APPEAL				110011	
You may subm writing to the \$ Bulova Corpora 7504R-A. Any Commanding C	if a written appe Summary Suspe ate Center, 75-20 changes or mod officer.	atically reviewed eal to the commin nsion Review Co O Astoria Blvd; S lifications of this	ttee at any time ommittee, C/O / Suite 390, East s suspension v	e during th Assistant (Elmhurst, vill be trar	e suspensi Commission NY 11370. Ismitted to	ion peri ner, E.E See Dii you by	od, by i.O., at rective y your
THIS IS TO VEE FROM DUTY		E BEEN SERVED WITHOUT PAY.		TICE OF S	UMMARY S	USPEN	SION
Employee's Si			Date:	05/ (09 /2023		



CITY OF NEW YORK DEPARTMENT OF CORRECTION MEMORANDUM OF COMPLAINT

Case: U2239/2023

SECTION A					
DATE: May 16, 2023,		FACILITY: Transportation Division (TD)			
TO: CHIEF OF DEPARTMENT		MEMORANDUM OF COMPLAINT #:			
SECTION B					
EMPLOYEE INFORMATION					
LAST NAME:		FIRST NAME:			
RANK: Correction Officer					
SOCIAL SECURITY NUMBER:					
ASSIGNMENT: Transportation Di	vision				
DATE OF APPOINTMENT: Augu	st 6, 2015				
DATE OF PROMOTION TO PRES	SENT RANK:				
MODIFIED ASSIGNMENT:	[]YES	[X] NO			
PROBATIONARY:	[]YES	[X] NO			
CHRONIC ABSENT:	[]YES	[X]NO			
SECTION C					
COMPLAINT INFORMATION					
A. COMMAND DISCIPLINE REFUSAL	[] YES				
D 077 0 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[]NO				
B. SUMMARY SUSPENSION?	[X]YES				
C STR B (A DIV STR) STR A STR	[]NO				
C. SUMMARY OF FACTS AND C RCUN	ISTANCES:				
On May 3, 2023, at imately 0724 hours	(Genetec angle				
(GRVC) ESH Intake: Du ing Court p uction,	Officer nd his back by a	proceeded to secure PIC (B pplying mechanical restraint onto his wrist. Without warning,			
PIC utilized hi lbow striking Officer	in her head	/facial area. Officer mmediately extended her hand in			
a C shape a d grabbed th PIC's neck. Simultane grabbing an guiding PIC ittman away from Of		and intervened by wever, Officer followed behind and struck the PIC in			
the rear of hi head. Instan aneously, an officer q P C inside a cel thu eminating the incident.	nickly grabbed C	Officer while Officer escorted and secured the			
P C inside a cel ulu enimating the incident.					
Genetec vide surveillance angles were re ideo footag depicted the incident as narrated	viewed for May above.	y 3, 2023, from 0720 to 0730 hours, in GRVC, Intake area.			
Based on the details presented, the Investigation	Division determ	ined that the initial response of Officer grabbing PIC			
throat was spontaneous. However, the members or other personnel are not in imminent	department stric danger. Officer	tly prohibits using high-impact force, especially when staff pursued the individual and applied unnecessary and			
excessive force by purposely striking the PIC to I	is head. Officer	and who witness the force, immediately			
deliberately submitted a false and/or mis	tervening to de-e leading report re	scalate the confrontation. It was further revealed that Officer garding the incident. The staff report and Genetec footage			
contradict the officer's report by depicting the of	ficer's excessive	and unnecessary actions. As a result, On May 3, 2023, this			
incident was recommended by Commissioner, for Immediate Action. On May 9	, 2023, Officer	eputy Commissioner, and approved by was suspended from duty (20 days). Nevertheless, a			
Memorandum of Complaint (MOC) is being gene	rated, recommen	ding formal disciplinary charges for Officer actions.			

Officer Discipline History:

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 70 of 101

Command Discipline: CD Log# 1277/18 and Command CD # TD# 034/18 Charge #3.05.120. Penalty: 1day

COMPANION CASES (YES or NO): No LIST MOC#:

MOC#

Case:

SECTION D

VIOLATION INFORMATION:

Department Directive 5006 R-D, § II, B-F: Staff shall use practical techniques to prevent Use of For e situations and/or resolve them without physical force consistent with Department training and policies. When us g force, staff shall always use the minimum amount necessary to stop or control the resistance or threa nountered nd i must be proportional to the resistance or threat encountered. The Department has a zero policy for e cessive nd unnecessary force. Staff shall cease use of all force when control of the inmate has been establ shed The use of excessive and/or unnecessary force is expressively prohibited.

Department Directive 5006 R-D, §II, G.1: The Department strictly prohib s the use of high impact force, including: Strikes or blows to the head, face, groin, neck, kidneys, and spin 1 colu n.

Department Directive 5006 R-D, §II, J: Staff are prohibited from deliberately submittin a false and/or misleading report regarding a Use of Force incident.

Department Directive 5006 R-D, §IV, E: Carotid Restraint Hold: the bilateral (two-sided) compression of the carotid arteries and jugular veins at the sides of the neck, which may result in diminished blood flow to the brain. This abrupt reduction of blood significantly affects the ability of the brain to remain in an "awake state" and leads to unconsciousness.

<u>Department Rules and Regulations</u>, 2.30.010: Correction Officers shall be held responsible for the safety, sanitation, and security of their posts, for the proper care, custody, control and treatment of inmates, and the enforcement of the Rules and Regulations of the Department and the command.

<u>Department Rules and Regulations</u>, 3.05 120: Members of the Department are responsible for the efficient performance of their duties and for the prop supervision of any inmates under their direction.

Rule and Regulation 3.20.030 1): Members of the Department found guilty of any of the following offenses may be dismissed from the Department ruffer such other punishment as the Commissioner may direct: Violation of the rules and regulations

Rule and Regulatio 3.2 300: To ough not specifically mentioned in these rules and regulations, all behavior which threatens the good order and discipline and all conduct of a nature to bring discredit upon the Department shall be acted upon by the Department according to the nature and degree of the offense and punished at the discretion of the Commission r.

Rules & R gulations 3 40.030 Whenever a member of the Department commits a violation of the Rules and R gulations o is oth wise derelict in the performance of duties, and when a command discipline is inapplicable or nappropriate, a written Memorandum of Complaint may be forwarded to the Commissioner by the Commanding Officer conc rned.

SECTION E

COMMANDING OFFICER'S RECOMMENDATION:

SECTION F AUTHORIZATION:

NAME / TITLE OF COMMANDING OFFICER:

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 71 of 101

SIGNATURE:	DATE:					
SECTION G						
OFFICE OF THE CHIEF OF DEPARTMENT:	DATE RECEIVED:					
[] PROCEED WITH FORMAL DISCIPLINARY C [] OTHER	CHARGES					
IGNATURE:DATE:						
SECTION H						
OFFICE OF THE DEPARTMENT ADVOCATE:	DATE RECEIVED:					
DISCIPLINARY RECORD (DR) NUMBER ASSIGNED: NAME OF STAFF MEMBER RECEIVING COMPLAINT:						
SIGNATURE:	DATE :					
SECTION I						
FINAL DISPOSITION:						
SIGNATURE:	DATE:					

MOC

MOC# 0787/23 Related Incidents Search please search and select Related Incident UOF Number MOC Created Date 05/31/2023 Incident Occurred Date 05/03/2023 07:24 AM Section "A" Incident Information MOC Approved Date 06/30/2023 Incident Facility **GRVC** MOC Type **UOF UOF ID Number** 2239/23 Section "B" Employee Information Last Name First Name Title Correction Officer Shield # Employee # Assigned Facility TRANSP RTATION DIVISION Date of Hire 08 06/2015 Title Effective Date 08/06/20 5 Probationary Ν Modified Assignment No Chronic Absent N Injury Class C Section "C Complaint Informati Command iscipline R usal No Summary Suspe ion Yes Summary o Facts and On May 3, 2023, at approximately 0725 hours in GRVC building 1 ESH Intake during Circumstan es court production Officer prepared for PICs to get ready for court. Upon getting the PICs ready for court, Officer rear cuffed PIC when PIC elbowed Officer to the facial area. Officer placed her right hand around the PIC's neck/throat pushing the PIC against the wall. Staff intervened and separated Officer and PIC however, Officer continued to pursue the PIC and struck the PIC to the back of the head. Upon review of her UOF Report, Officer submitted an inaccurate/false and misleading Use of Force Report that was inconsistent with Genetec video surveillance

NY DOC CMS 1.25.31

misleading Use of Force Report that was inconsistent with Genetec video surveillance regarding her actions during the incident stating that her hand slipped, and she inadvertently grabbed the PIC's neck and falsely reported that the PIC still posed a threat to her when she struck the PIC in the head, in violation of Directive 5006 R-D. Officer was suspended from duty for 30 days (MOC # 787/23).

It is recommended that Officer be charged accordingly.

Officer has no pending cases with the Trials Division or wi Full ID.

Section "E" Recommendation

Recommendation Deferred.

Section "F" Authorization

Yes

Investigation and Trials

Signature

Section "G" Office of

Administration

Proceed Formal Charges

Workflow

Status MOC - Approved

Action Approve MOC

Assigned ID Investigator Name

Assigned ID Supervisor Name

Assigned DDI Name

Created By

Created Date 05/31 023 07:06 AM

Updated By

Updated Date 07/03/2023 11:48 AM

Related In dents Ma al En y

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			Ref.: 0/0 #0		05/30/23	=	th Mgmt. Division			Other INVE		
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		Last	Name		Firs	Name		M.I.		Rank/Title		Shield/I.D. No.
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Етрк	Employee's Name							Rank/Title EMI				EMPLOYEE PERFORMANCE SERVICE REPORT PART B							
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Chron	ic Abs	Yes	Date F	Plac	ed In Chro	nic Status			Stead	ly Post			'es	⊠ N		st: 060	10 X	1431	
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Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 PRO 76.91 101

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	CITY OF NEW					-		FORM #5006.A	-4	EH. : 9/27/2017
	USE	OF	FORC	E WIT	NESS I	REPOR'	Т			PART A-1
or present at the	S: PRINT ALL INFOR by any member witnessing a scene of a use of force. Use is needed and indicate Part of	MATION use of for	ce incident	DID YOU	USE FORCE	AGAINST AN IN	MATI HE SO	E OR WERE YOU CENE? SS/PREBENT AT PART A, NOT INIS	ΓΤΙ	WITNESS/PRESENT HE SCENE
Facility: GRVC	Report Date; 05 03 23	SO CO	no.	Gident Time: PX0724				Use of Force #:	-	COD Unusual #'If any:
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Were you responsible for excerting the Inmate(s) to the clinic?	
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shmitted by: IPrint LAST NAME, FIRST NAME, RANK and SHIELD (I)	mate time the inmate was transported to recei of the medical provider, if known to you:
	mate time the inmate was transported to recel of the medical provider, if known to you:

and section		•			DED ADVICE!	FORM #5006-A	E(f. : 9/27/2017
3	CITY	OF NEW			DEPARTMENT	LOKW SOUGH	PARTA
			USE OF	FORCE	REPORT USE FORCE AGAINST AI	NUMBER OF WERE YOU	
The second second	A A A A A Service of Street	INT ALL INFOR	use of force incide:	nt.	_/ A	T THE SCENE? WITNESSIPRESENT A	1
	chments if additionation Section # on each				USED FORGE		
acility:	THE RESERVE OF THE PERSON NAMED IN	Report Date:	Incident Date:	Incident Time:		COD Use of Force #	
ocation	n Where Incident	-	And in concession, which we will do not be a second	algned at Time	of Incident:	Tour: < X /	
War	Supervisor noti	fied before forc	e was used?	YES NO	If YES, write in full NAM	E, RANK and SHIELD #:	
1 With	lich Supervisor W	as notified after	the incident? W	rits in full NAM	E, RANK and SHIELD #;		Time Notified:
	ite name(s) of int	nete(s) against 1	whom force was t	rsed:			action Written?
	Las	t Name		irst Name	B&C or Sent. No		YES NO
							YES TO NO
4 Exp	plain in detail the	sequence of av	ents leading up to	o the incident b ly need to use f	ased on your own observ orce to address the situa	rations, including wholm tion and there was time t	a prepare a plan of action
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Tourists to the state of		
7 Explain in detail why force was necessar	ry to control the situation:	cc i
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Identify the part(s) of the inmate's body(les) to which force was applied and a de	escription of any visible or apparent injuries sustained by the
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To the extent applicable, identify the nen	ne(s) of any Staff Member who authorize	ed and/or supervised the incident:
Name Rank/Title	Shield/ID Number	the incident? YES NO on's actions immediately before and during the incident: Account of Actions LU: That SST
Name Rank/Title	Shield/D Number	
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Did any other inmates witness the incident	7 YES WHO ITYES, specify	
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fere you responsible for escorting the	YES NO IT YES, identify	
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old you claim any injuries as a result of the i	Incident? TYES NO MYCE	S. Placeriba years labele
old you claim any injuries as a result of the i	Incident? TYES NO IFYES	S, describe your injuries and how each was sustained:
id you claim any injuries as a result of the i	Incident? TYES NO IFYES	S, describe your injuries and how each was sustained:
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		S, describe your injuries and how each was sustained:

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 80 of 102 8

	CITY	OF NEW	YORK	- CO	RRECTION	DEPART	MENT	FORM #	5006-A-1	23 MAY 3 21-27 Eff.: 9/27/2017
		WAR TO THE			CE WITI					PART A-1
		TALL INFOR	MATION		DID YOU				RE YOU	A WITNESS/PRESENT
or prese	mpleted by any member of at the scene of a use at space is needed and on each attached pag	of force. Use Indicate Part a	attachment	s If	t	USED FOR	CE V	HE SCENE? VITNESS/PRES ploto PART A, NO	ENT AT	THE SCENE
Facility: GRVC		Report Date: 5/03/23	Incident 05/03/		Incident Time: 0724 HRS	Facility Incid	dent #;	COD Use of Fo	orce#:	COD Unusual#ifany:
Location ESH I	ntake	curred:			algned at Time Intake	of Incident:		Tour: 0500X133	1	
1 Did	any other inmates v	vitness the In	cident?		YES 🔄 NO	If YES, list #:				
1	L	ast Name		-		First Name		Book an	d Case o	er Sentence Number
2										
3	you see force used	agelnet en la	matn(a)?	Street	YES NO	HVEQ state	namo(a) of lan	anto(n) agginst	*****	
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3 Sta	te the name(s) of any	y other unifor	m or non	uniform	staff involved i	n or pr ase nt a	at the time of t		M	1
٣	Last	Name			First Name		Rank/Title	Shield/ Number	or T	W
1 2	-					-	CO			Used Force Was a Witness / Present Used Force
3							CO			Was a Witness / Present Used Force Was a Witness / Present
∏ If y	ou were present befo	ere the Incide	nt began,	nisiqxe	in detail the sec	uence of eve	nts leading up	to the incident		ng whether the use of
I Office	Did you hear or see alternatives, such as verbal commands, attempted before force was used? YES NO If YES, describe: I Officer was not present to hear verbal commands before force was utilized.									
On W ESH I when DOC writing	Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including vourself): On Wednesday May 3, 2023 at approximately 0724 HRS I Officer ESH Intake post on the 0500X1331 tour was conducting the three point search during court production, when I heard a commotion. I stopped the search to render assistance and observed inmate being secured to the wall by Officer DOC staff assisted Officer continued to conduct the three point search. I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report, pursuant to my further clarity of the incident, and possible review of the video evidence.									
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7 To the extent applicab	le, identify the name(s)	of any Staff Member	Who authorized and/	or supervised the incider	nt.:
No Supervisor was pre	erant at the time of t	ne incident			
No Supervisor was pre	rsent at the time of t	le ilicident.			
Literatify the martie) of i	ha lomete's hody/hodie	e to ushinh force ume	conflied and a descrip	office of any visible or an	parent injuries sustained by the
8 inmate:	ne immate s body/bodie	s to which force was	appired and a descrip	nton of any visible of ap	parent injuries sustained by the
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9 Were you responsible inmate(s) to the clinic?	for escorting the	YES V NO	ir YES, Identify the medical care and th	approximate time the inn se name of the medical p	nate was transported to receive rovider, if known to you:
The state of the s					
Submitted by: (Print LAST NAM	IE, FIRST NAME, RANK and SH	(ELD #)			
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Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 33 of 19423

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CITY OF NEW YORK	- CORRECTION DEPART	TMENT	FORM #6008-A-1	Eff. : 9/27/2017
USE OF	FORCE WITNESS F	REPORT		PART A-1
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of for or present at the scene of a use of force. Use attachmen additional space is needed and indicate Part and Informa Section # on each attached page.	Atte if USED FOR	AT THE S	GENE? :SS/PRESENT AT T	HE SCENE
Facility: Report Date: Incident 5/3/2013 5/3/2			Use of Force #:	COD Unusual # If any:
ocation Where incident Occurred: ESH INTAKE	Post Assigned at Time of incident: ESH INTAKE	Точ	" פארסטרן	12/
1 Did any other inmates witness the incident? Last Name	YES NO If YES, list #:		Book and Case o	r Sentence Number
1				
3				
2 Did you see force used against an inmate(s)?		name(s) of inmate(s		
1 Last Name 2	First Name		Book and Case o	r Sentence Number
3 State the name(s) of any other uniform or non	-uniform staff involved in or present	et the time of the inc	1007	T.
Last Name	First Name	Rank/Title	Shield/ID	Daod Force
2		do	18	Was a Witness / Present Used Force Was a Witness / Present Used Force Was a Witness / Present
OTH hour, I do law, This writer was as writer heard a Commutary 5 Did you hear or see alternatives, such as verb			rtake on learthes where	he osodkis en Hus KYES, describe:
6 Describe the Incident and the specific force u yourself):	sed (including the actions of any staf	finvolved in or pres	ent during the Inci-	dent, including
This writer was assisting wroter neared a commenter transportation officers	No programme in the responsibility of the last of the	take on the fun legal of cluser ourol inmo	10/65	thes cr witness
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THE DY: (PINELAST NAME, FIRST NAME, RANK and	SHIELO#)		

65		OITY OF NEW YORK		PPECTION	DEDART	MENT	FORM #5006-	I STATE ANNES !
		CITY OF NEW YORK						
INS	TRU	USE OF F	UK					PART A-1
To I	ba co reser litloni	npleted by any member witnessing a use of forc It at the scene of a use of force. Use attachment I space is needed and indicate Part and informal on each attached page.	s if	nt _	USED FOR	E W	HE SCENE? ITNESS/PRESENT, Dolo PARTA, NOT thi	AT THE SCENE
	ility: VC	Report Date: Incident 05/03/23 05/03/		Incident Time: 0724	Facility Incid	lent#:	COD Use of Force	#: COD Unusual # If any:
000000				signed at Time INTAKE	of Incident:		Tour: 0500X1331	
1	Dld	any other inmates witness the incident?		YES 📝 NO	If YES, list #:			
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2	Did	you see force used against an inmate(s)?		YES NO		name(s) of inm	ate(s) against who	
Г	1	Last Name	!		First Name		Book and Ca	se or Sentence Number
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L	3						1	
3	Stal	e the name(s) of any other uniform or non-	uniform	First Name		Rank/Title	L Shields	4.4
	1	Lest vame		F FSL PARTIE		C/O	Number	
	2					C/O		[23] Used Force
	3					C/O		Used Force
4	forc	ou were present before the incident began, e was anticipated (i.e., it was apparent that ction prior to using force):	explain Staff w	in detail the se rould likely nee	quence of eve d to use force (nts leading up to address he s	to the incident, incident, incident, incident incident incident incident incident incident incident incident, incide	uding whether the use of was time to prepare a plan
		ednesday May 03, 2023 at appro						ESH Intake on the
		1331 hour tour was conducting co		rodution who	n manhatte	en transport	ation officer	needed
		ter to conduct a patfrisk to inmate ted to be patfrisk by a male office						WIIO
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5	Did	you hear or see alternatives, such as verb	al comn	nands, attempte	ed before force	was used?	YES NO) If YES, describe:
ı	i ~	riter did not hear nor see alternati	va va	hal comma	nde =			
1411	S: W	life! did not lied not see alternad	VE VE	Da Comma	ilus.			
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6		cribe the incident and the specific force us	ed (Inc	luding the actio	ns of any staff	f Involved in o	present during the	incident, including
W.	Inor	n this writer completing a patfri	ek me	anhattan tra	nenortatio	ns officer	olaced mecha	mical restraints
(c)	iffs'	on inmate					going to ma	nhatten court.
W	nen	this writer began to walk away	and	then hearing	ng a co-mo	otion and to	urned back ar	nd observed C/O
		pushing sald inmate up agair and secured on the same w	all. I C	S Wall by St	then t	ook over a		escort said inmate
to	11#	cell when C/O attempt	ed to	grab inma			ver this writer	
Wa	IS S	ecured in 11 #cell without furth	er inc	cident.				
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To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervise	sed the incident.:
Identify the part(s) of the inmate's body/bodies to which force was applied and a description of an inmate:	y visible or apparent injuries sustained by the
Inmate:	
Were you responsible for escorting the Inmate(s) to the clinic?	ite time the inmate was transported to receive the medical provider, if known to you:
ibmitted by: (Print LAST HAME, FIRST NAME, <u>RANK and SHIELD #)</u>	
C/O	

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CHY	OF NEW YOR					FORM #5006-A	Eff. : 9/27/2017
	กล	-	700	REPORT			PART A
NSTRUCTIONS: PRIN o be completed by any memb se attachments if additional a formation Section # on each	pace is needed and ind	orce incident.	댐		AT THE S	CENE? ESS/PRESENT AT	
7				Facility Incident #:		Use of Force #:	COD Unusual # if any
ration Where incident Oc	corred:	Post Assigne		Incident:	Тои	" (X I	!
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Which Supervisor was	notified after the inci	dent? Write in I	full NAME, F	KANK and SHIELD#:		1	Time Natified:
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ir res; complete the	Identification Information	involved in or present at the time of the n and give an account of each person's	incident? YES NO actions immediately before and during the incident;
Name	Rank/Title	nvolygg in or present at the Unio of the n and give an account of each person's -Shield/ID Number	Account of Actions
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Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 8810[13]

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W\$11	CITT OF NEW	YORK - CC	RRECTION	N DEPAR	TMENT	FORM #5006-A-1	Eff.: 9/27/2017
		OF FOR					PART A-1
INSTRUCTION: To be completed	PRINT ALL INFOR	MATION			AGAINST AN INI	MATE OR WERE YOU	
additional space Section # on each	a needed and indicate Part		E	USED FOR	RCE 🖾 WI	ESCENE? TNESSIPRESENT AT T lote PART A, NOT this rep	HE SCENE
Fecility: SRVC	Report Date: 05/03/23	Incident Date: 05/03/23	Incident Time: 0724 HRS			COD Use of Force#:	COD Unusual # if any
SH Intake	Incident Occurred:	Post A ESH	salgned at Time Intake	of Incident		Tour: 0500X1331	
Did any oth	er inmates witness the in	cident?	YES NO	If YES, list#:		70007(1001	
⁻ ,	Last Name			First Name		Book and Case or	r Sentence Number
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3							
Did you see	force used against an inr	nate(s)?			name(s) of inmat	to(s) against whom for	ce was used:
1	Last Name			First Name		Book and Case or	Sentence Number
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3	esent perore the incident				CO		
Did you hear c	was not présent	before the in	cident began	i. before force:v	_	YES 7 NO II	f YES, describe:
Did you hear c	or sée alternativés, such i	before the in	cident began	i. before force:v	Vas used?	YES 7 NO II	f YES, describe:
fficer	was not present t	before the in	nds, attempted	hefere force.v	vas used?	YES ⊽NO N	
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To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident.:	\neg
7 To the extent applicable, locality the name(s) of any state method who authorized and of soportion and	_
No Supervisor was present at the time of the incident.	
THE WHITE THE PARTY OF THE PART	
Identify the part(s) of the immete's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by t	he
8 Inmate:	
Unknown	-1
	- 1
Elyce El sign if VES identify the approximate time the inmate was transported to rece	ive
9 Were you responsible for escorting the YES V No if YES, identify the approximate time the inmate was transported to recemedical care and the name of the medical provider, if known to you:	
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BALL TALL IN THE STATE CONTROL OF THE STATE	
Submitted by: (Print LAST NAME, FRAST NAME, RANK and SHIELD #)	
Correction Officer	

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 9001101013 CITY OF NEW YORK - CORRECTION DEPARTMENT FORM #5005-A-1 EH. : 8/27/2017 USE OF FORCE WITNESS REPORT INSTRUCTIONS: PRINT ALL INFORMATION
To be completed by any member witnessing a use of force incident
or present at the scene of a use of force. Use attachments if
additional space is needed and indicate Part and information
facility flow parts attached many DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? USED FORCE WITNESSIPRESENT AT THE SCENE Section # on each attached page. If you used force, complete PART A, NOT this report Report Date: Incident Date: Incident Time: Facility Incident #: COD Use of Force #: | COD Uriusual # if any: GRUC 5/3/201.3 ADDOX U724 5/3/2013 Location Where Incident Occurred: Post Assigned at Time of Incident: ESH INTAKE ESH Intake 8 XOX X 1331 Did any other immates witness the incident? VES NO IFYES, Fat #: Last Name First Name Book and Case or Sentence Number 2 Did you see force used against an inmate(s)? PES NO. If YES, state name(s) of inmate(s) against whom force was used: 2 Lost Name First Name Book and Cace or Sentence Number 2 State the name(s) of any other uniform or son-uniform stall involved in or present at the time of the incident: Last Name Firet Name Rank/Title 40 2 0] if you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address he situation and there was time to prepare a plan of action prior to using force): ON Wednesday 3, May 2013 OSUOX 1331 was assisting with Searches Did you hear or see alternatives, such as verbal commands, attempted before force was used? YES CHIO Describe the incident and the specific force used (including the autions of any staff involved in or present during the incident, including ON Wadnesday May epproximetely to the 13H intake in the Joscox 1371 four. assund This writer was assisting with court production searches when their function heard a commetter As this writer got closer this writer wateris hand dround innote torse area. CHICEN had inmate in a escort hold fraing to secure inmale

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7 To the extent applicable, identify the name(s	s) of any Staff Member who authorized and/or supervised the incident.;
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Identify the part(s) of the ismato's body/bod	ties to which force was applied and a description of any visible or apparent injuries sustained by
B inmate: Terso area/chest	area
	tion to the state of
	YES NO If YES, Identify the approximate time the immate was transported to recomedical care and the name of the middleal provider, if known to you:
9 Were you responsible for escorting the inmate(s) to the clinic?	YES NO If YES, identify the approximate time the imman was framsported or in medical care and the name of the medical provider, if known to you:
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	CITY OF NEW YOR	K - COR	RECTION	DEPAR	TMENT		FORM #5006-A-1	Eff. : 9/27/2017
	USE O	FORC	E WIT	NESS	REPOR	T		PART A-1
To be co	empleted by any members the INFORMATIO	N	DID YOU	USE FORCE	AGAINST AN II	TAMP	OR WERE YOU A	WITNESSIPRESENT
addition	ont at the scene of a use of force. Use attached a space is needed and indicate Part and info			USED FO	RCE 🗹 V	VITNE	SS/PRESENT AT T	(E.SCENIE
Facility	Report Date: Incid	ent Date: Inc	ident Time:	Facility Inc	u used force, com	iplate P	ART A NOT this repo	rt.
GRVC	05/03/23 05/0 Where Incident Occurred:	03/23 07	24		ouesit #.	COD	Use of Force #:	COD Unusual # if any
ESH I	NTAKE/ FRONT 5#CELL	IESH IN	ned at Time TAKE	of Incident:		Tour:	DX1331	
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2 Did	ou see force used against an Inmate(s)	7. YES	□ NO I	f YES, state	name(s) of Inm	ate(s)	against whom force	was used:
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3 State	one namele) or any other minorial or no	n-Uniterm sta	f involved in	or present a	t the time of the	ė In ci d	ent:	
_ ,	Last Name		First Name		Rank/Title	T	Shield/ID Number	
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ofact	was anticipated (i.e., it was apparent the ion prior to using force): dnesday May 03, 2023 at appr	at Cimii House	muery useard tr	nae lotee f	o address he si	tuation	and there was tim	e to prepare a plan
)500X1: his write	331 hour tour was conducting or or to conduct a pattrisk to inmat	ourt produ	tion when	manhaira	n transporta	tion	ed to the ESH officer	needed
equeste	ed to be patrisk by a male office	er.						who
5 Did yo	u hear or see alternatives, such as verb	al commands	, attempted b	efore force v	vas used?	TYES	PNO IN	ES, describe:
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ting will	er did not hear nor see alternati	ive verbal c	commands	i.				
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Describ	e the incident and the specific force us h:	ed (including t	the actions o	f any staff in	volved in or pre	isent d	luring the incident,	Including
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/hen thi	s writer began to walk away	and then	hearing a	co-motio	on and turn	ioing ied b	to manhatter	rved C/O
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as sécu	red in 11 #cell without furthe	er incident					· wistor i i i i i i i	ĭ
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o the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident	
A minimum of the second length of the second	
dentify the part(s) of the immale's body/bodies to which force was applied and a description of any visible or apparent injuries sustained mate: er and chectures.	by the
Vers you responsible for escorting the YES NO If YES, identify the approximate the inmate was transported to medical care and the name of the medical provider, if known to you	receive
itted by: (Print LAST NAME, FIRST NAME, RANK and STRELD #)	

Case 1:11-cv-05845-LTS Document 653-8 Filed 12/13/23 Page 94 of 101

Facility: GRVC Location Where 3CG Int 1 Did any oth	oy any member witnessing a use a scene of a use of force. Use attack is needed and indicate Part and in attached page. Report Date: Inc. 65 03 23 35	Post Assig	DID YOU USE F USE Clident Time: Facility WXO7244	SS REPOR ORCE AGAINST AN AT ED FORCE If you used force, co	FORM #5006.A THE SCENE? WITNESSIPRESENT AT TOPISTO USE OF POTCE #: Tour:	PARTA-1
INSTRUCTION To be completed to be completed or present air pic pedilizant on pac Section # on pac Section # on pac Section Where SEG IN 1 Did any oth 1 2 3 Did you see	and any member witnessing a use of sore. Use attached is needed and indicate Part and in attached page. Report Date: Inc. CO 03 23 35 incldent Occurred: CO 03 27 35 incldent Occurred: CAC 05 27 35 incldent Occurred: CAC 05 27 35 incldent Occurred: CAC 05 incldent Occurred: CAC	of force incident chromate if income in information incident Date: Inc. Doc 24 April Post Assig Moi C	USE USE Cldent Time: Facility AND ITYES,	ORCE AGAINST AN ED FORCE If you used force, co	INMATE OR WERE YOU THE SCENE? WITNESSIPRESENT AT TOPE OF PORCE?	PART A-1 A WITNESSIPRESE THE SCENE
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CITY OF NEW YORK - CORRECTION DEPARTMENT	FORM #5006-	
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USE OF FORCE WITNESS REPOR	RT	PART A-1
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te the name(a) of any other uniform or non-uniform staff involved in or present at the time of	The state of the s	
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Debanded har IPOMI AST NAME, FIRST NAME RANK and SHELD M			Signature:	

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To be completed to or present at the s additional space is					REPORT	1,000		PART A-1
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Section # on each	by any member witnessing a use of icans of a use of force. Use attach is needed and indicate Part and Inf	emanda if	1	USED FOI	RCE X W	he Scene7 ATNE88/Present	TAT T	HE SCENE
Pacifity:	Bannet Date: Louis	dent Date: Ins	Ident Time:			plete PARTA, NOT th	_	The second second
CIRV	5/3/23 5/	3/23 10	1240H	Tr somey inte	work or	COQ Use of Force	23	OOD Unusual # (f.a
	Incident Occurred:	Post Assig	med at Time	of incident:		Tour:		
1 Did any other	or investes witness the inciden	t7 TYE		If YES, list #:		0600	<u> </u>	451
	Lest Name	T -	W.	First Name		Book and Co		Sentence Number
1						BOOK BILL C	THE OF	Semence Number
2								
1 Did you see	force used against an inmate(:	12 (5)						
2 Did you see		N XE	₽ ∏ NO		name(s) of inm	ete(s) against who	n forc	e was used:
1	Last Name			First Name	_	Book and Co	150 OF	Sentence Number
2					-			
3					-			
State the nan	ne(s) of any other uniform or n	os-uniform sta	iff involved i	in or present a	t the time of the	Incident:		
1	Last Name		First Name		Rank/Title	Shield/ID Number	L	
2								ted Force 'ss a Witness / Present
3						- 1	Bw	sed Force as a Willness / Present
	recent before the incident beging the legislation of the legislation o	7					Hw	sed Force as a Witness / Present
DEL YOU ISSUE!	or see alternatives, such as ve	roal command	s, attempted	i before force	wse used?	YES NO	11	YES, describe:
	ie in							
				ACCOLUMN 1				
		-						
V* -1								
				111145				
				HH1445				
Describe the in	cident and the specific force	and linebuling	the actions	of any cheff in				446 and 455 at
Describe the in yourself):	ncident and the specific force		. The actions	s of any staff i			ncider	2 2 2
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6 (Continued)		
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A STATE OF THE STA		
7 To the extent applicable, identify the name	[B] of any Staff Member	who authorized and/or supervised the incident:
	ALIA	
	,	
I dentify the parties of the inmate's body/boo	ties to which force was	applied and a description of any visible or apparent injuries sustained by the
B inematic: UPPER B	ALL AVE	e 1
- OFFER B	MAY AICE	A
Were you responsible for seconting the	☐ YES X NO	If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:
9 inmate(s) to the clinic?		medical care and the name of the medical provider, it known to year.
	A COURT IS AN	
CONTRACTOR STATE OF THE STATE O	AMERICA DI	

The City New York

ID-FR# 122/23

NEW YORK CITY DEPARTMENT OF CORRECTION Louis A. Molina, Commissioner

Yvonne Pritchett, Acting Deputy Commissioner Investigation Division 75-20 Astoria Boulevard – Suite 350 East Elmhurst, NY 11370

> T 18 • Fax 718 • 278 • 6541

Date:	June 4, 2023					
To:	, Assistant Commissioner, George R. Vierno Center (GRVC)					
From:	Deputy Director, Investigation Division					
SUBJECT:	FACILITY REFERRAL: UOF # U2239/23 SEG Intake					
On May 3, 202 involved in a Officers	Use of Force with Person in Custody (PIC) and intervened and separated Officer The following violations were identified:					
☐ Directive	5006R-D.VI & 4516R-D; Delayed medical: Injury to Inmate Report #					
	5006R-D.VI; Missing Staff Report(s): ADW/Captain/Officer:					
	5006R-D.VI; Staff report failed to provide detailed description of force:					
	Order # HQ-01378-0; Generalized terms utilized in staff reports:					
	5006R-D.VI & Operat n Order 1/22; Body worn camera/Handheld video.					
☐ Directive	5006R-D.VI; Documents pertinent, were not readily available with 24 hrs.					
	Regulations 3 20.010; Profan ty/Use of inappropriate language:					
	Order 1/22; B dy w rn camera/Handheld video.:					
The Assistant I	Deputy War n on d ty during this incident was identified as e int rview \(\subseteq \) D umented Counseling is recommended as the facility took a photo fa ial area but failed to notify Central Operation Desk (COD) that Officer pai to th right side of her face, right wrist, and right shoulder. Additionally, it is					
Within thirty (i to addre s the me at	business days of the receipt of this memorandum, please report the actions taken issue raised. If you have any questions or concerns, please do not hesitate to contact or via email at					
Received:						
NP:1m						



NYC DEPARTMENT OF CORRECTION Retraining Request Form

Ę	Request Date		- F-10"	Request	or Name				
	06/04/2023		NE I	Deputy Director					
			Request	or Division					
Ø	Investigation Division			Facility:	Facility:				
	EISS			Other:					
- 1		"	itaff Memb	er Information					
Rank First Name			La	st Name	Shield	Command			
	Officer					GRVC			
(5)1			Incident l	Information					
Incident Date Incide			ident Num DD # or UO	heility					
	May 3, 2023		U2239/23		GRVC				
was repo	in the facial area. Offi neck (area at 0724 right behind him. Officer orted that he witnessed Of hand.	cer kept her lei 4 hours). Officer	t hand up, to intervene was	PIC pook a step back ar d and pulled Office diagonal from the	nd then placed her right hand	lbowed Officer around PIC fficer UOF report he			
					Camera Footage Informati d/or video file name)	on			
		Gen ec Surv illance	Video angle	at approxi	mately 0724 hours				
		Rec ended F	Retraining (Course (please or	nly select one)				
Use	of Force D rectiv 5006F			Handheld Came					
UO	F Repo (Writing	-		Body Worn Car	mera (BWC)				
Def	ensive T ctics			Use of Restrain	ts				
Che	mical Agents			Crisis Intervent	ion / Conflict Resolution				
IPC	Skills			EEO					
CI	Extrac ions			PREA					
Faci	lity Emergency Response								